

PSYCHD

**Being listened to in therapy
an interpretative phenomenological analysis**

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Being Listened to in Therapy: An Interpretative Phenomenological Analysis

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A thesis submitted in partial fulfilment of the requirements for the degree of
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Abstract

Most of the existing literature on listening in therapy presents studies of listening either conceptualised as a therapist skill or in relation to other therapeutic factors, such as empathy, with limited attention on the actual experience of being listened to and how it is experienced and understood by clients. The current study adopts an Interpretative Phenomenological approach to investigate how clients experience the phenomenon of being listened to in therapeutic interaction. Semi-structured interviews were conducted with 8 female clients that focused on investigating their experiences of being listened to in therapy. The findings suggest that rather than being simply a positive experience, being listened to can be difficult for the client and can be experienced ambivalently. Clients may use the experience of being listened to as a way of testing the therapist and the therapeutic relationship, and as a way of gauging whether to commit to or continue with the therapeutic relationship. Furthermore, being listened to in therapy can be experienced both as a way of being together with the therapist and as a way of being alone - being together as part of the testing process and being alone as a way of turning their attention to themselves - and movement between these two positions enables movement in the therapeutic process and therefore therapeutic change for the client. These findings contribute to existing psychotherapy research literature in two ways: first, they bring attention to the difficulty and ambivalence the client can experience in the face of being listened to in therapy; and second, they demonstrate how therapeutic change can be enabled by the client moving between different ways of experiencing being listened to. This enhanced understanding of the client experience can be used in psychotherapy training and practice to improve the practitioner's awareness and understanding of the client experience.

Ethical Approval Statement

The research for this project was submitted for ethics consideration under the reference PSYC 16/ 209 within the Department of Counselling Psychology at The University of Roehampton and was approved under the procedures of the University of Roehampton's Ethics Committee on 20.4.16.

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For brevity, the terms 'psychotherapist' and 'therapist' have been used throughout to cover psychologist, psychotherapist and counsellor.

For brevity, the terms 'psychotherapy' and 'therapy' have been used to refer to the psychological support that the clients received.

For brevity, 'she' has been used to refer to the psychologist, psychotherapist or counsellor, unless the practitioner is known to be male, when use of the pronoun has been needed.

At times, participants have been referred to by their initial of their pseudonym for the sake of brevity:

Cassy – C; Sara – S; Grace – G; Heidi – H, Tash – T; Mary – M; Alice – A; Jo - J

Chapter 1

Introduction

1.1 Introduction to Thesis Subject

Psychotherapy research and theory aims to understand and articulate how the therapeutic process can bring about therapeutic change for the client. Considering the centrality of the experience of being listened to in psychotherapy, literature focusing on this specific aspect per se is relatively limited both in terms of the extent of it within the psychotherapy research literature and the focus that it has adopted.

The literature that does exist has limitations both in terms of the participant perspectives that are researched and the assumptions regarding listening that appear to shape the research. Some of these potential limitations are briefly outlined below – the very fact that these are identified provides an important part of the rationale for the current research, which seeks to investigate the perspectives of participants and to eschew a commitment to any *a priori* conceptions regarding listening within the therapeutic encounter.

First, a prevalent approach within the existing literature is that listening is conceptualised as a therapist skill (eg. Rowan, 1986; Fitzgerald, 2010). The aim of the research behind such literature has typically been to establish how the therapist can listen to the client effectively and how this can be demonstrated to the client. The focus therefore has been on the therapist rather than the client. It has not examined how this aspect of therapy is experienced and understood by the client, or allowed for the possibility of it being problematic for the client even when delivered well.

Second, the listening aspect of the therapy experience has often been examined, as related to and subsumed within other concepts, including empathy (eg. Rogers, 1957, 1975; Jacobs, 1981; Schwaber, 1981; Barrett-Lennard, 1988; Myers, 2000; Myers & White, 2010). This has been done explicitly, as in the study of 'empathic listening' (Myers, 2000) as well as implicitly, investigating listening as a sub-component of some 'larger' phenomenon that involves listening. In both cases, the experience of being listened to per se has been relatively under-researched.

This study, by contrast, investigates the experience of being listened to from the perspective of the client rather than the therapist, without an assumption that listening will be experienced in a particular way and as worthy of investigation in its own right. In this way, the current research seeks to give voice to the client's own experiences and constructions of being listened to in the participants own words. It seeks to be open to the potential ambiguity and complexity of these experiences as articulated by the client-participants. Finally, it seeks – by focusing on listening alone – to give this important and under-researched topic the attention that it deserves. The research thus endeavours – by listening to clients' experiences of being listened to – to better articulate the potentially ambiguous, complex and multi-faceted nature of this phenomenon and to draw out the implications it may have for therapeutic interaction and therapy training.

1.2 Structure of Thesis

Chapter 2 gives a brief history of how interest in the listening aspect of therapy developed from the beginning of the last century. It then summarises and reviews recent literature related to the experience of being listened to in therapy, giving an account of how the research has been approached to date and positioning this present study in relation to it.

Chapter 3 presents the methodology and method employed to conduct the present study. It gives the rationale for using IPA, explaining the choice of a qualitative approach and the importance of selecting a method that allowed for the client's perspective on being listened to in therapy to be examined. It explains the philosophical underpinnings of the IPA approach and explains why these enabled a suitable study of the subject matter. The method that was followed is then presented, giving details of how participants were recruited, how the data was generated through interviews with participants about their experiences, how the interviews were transcribed and analysed in depth, and explaining how the study was conducted with ethical considerations and the well-being of the participants as a priority. A table of all demographic details that were taken from participants is included in the method section (see Table 1). It includes the following demographics: participant names (changed to pseudonyms); age; nationality; occupation; number of therapists seen by each participant; theoretical orientation of each therapist; length of time the participant was in therapy with each therapist; and the gender of each therapist.

The analysis and findings are presented in Chapter 4. The super-ordinate themes and sub-themes that emerged from the data are presented and discussed in detail. Each sub-theme is illustrated with extracts from the interviews with all 8 participants on their experience of being listened to in therapy, so as to illustrate how the themes are connected to the data.

The discussion section gives a response to the findings and positions these in relation to previous research, explaining how the findings might impact on these and suggesting how the present research might be helpfully built upon and made use of. Existing research literature and theory that echoes these findings is discussed.

Finally, the conclusion will summarise the study: its findings from the research into participant's experience of being listened to in therapy; how these findings relate to previous research and clinical practice; and how the findings might direct future research.

Chapter 2

Literature Review

2.1 Overview

This chapter will give an account of the literature to date that is relevant to the experience of being listened to in psychotherapy. It will position this present study in relation to existing research and discuss the considerations that prompted the undertaking of the research.

2.2 The Experience of Being Listened To in Therapy

The section below will give a brief account of the history of listening in psychotherapy over the past century and then give a detailed account of the research literature on this subject.

2.2.1 Brief History of the Listening Aspect of Therapy

Being listened to is an established and integral part of therapy. Appreciation of its value as a healing aspect of the therapy process, as well as a method of gathering information about the client, began to develop from the beginning of the twentieth century (Jackson, 1992).

Within the early psychoanalytic world, Freud had brought attention to the process of listening and urged analysts to listen with 'evenly suspended attention' (Freud, 1912/1981; Malcolm, 1988). Included in the intentions of the listening analyst of Freud's time was the provision of silence for the client to speak, allowing for free association and the development of the transference.

An appreciation of the value of listening per se was also expressed by Frieda Fromm-Reichmann (1950), a psychiatrist and contemporary of Freud, who stated her firm belief in the psychotherapist's ability to listen to the client as of upmost importance, and Ellenberger (1972) brought attention to how the soothing effect of being listened to was noted in Freud's Anna O. case. Reik (1951) proposed that listening needed to be conducted with sensitivity and with all the senses. More recently in the psychoanalytic literature, Meadow (1996) stated her conviction that growth can occur only when a patient is allowed to say everything to an analyst who listens without judgement or evaluation.

The humanistic movement, beginning in the middle of the last century, helped interest in listening to the client to blossom. Person-centred therapy, in particular, promotes openness to the client's viewpoint and therefore particularly values listening. Therapists of this orientation prioritise creating an environment of acceptance, respect and understanding for the client, considering this to be the most conducive approach to positive therapeutic change. With this aim, they listen to their client in a way that works towards providing these core conditions (Rogers, 1975). They use what is sometimes referred to as 'active listening', which demonstrates in a gentle and clear way that they are listening and encourages the client to continue (Rogers & Farson, 1957/2015).

Schlien, a pioneering psychologist involved in the person-centred movement (1956), referred to listening as a therapeutic method in itself and proposed that the success of therapy depended on the therapist's ability to listen. He stated that 'listening can be a fully fledged criterion of the success of therapy, definable, measureable and useful for any orientation'. Although, to this date, it has not been clearly defined or measured, it is clear from Schlien's statement that he believed it would be possible and was adamant that it was central to determining the outcome of therapy.

More recently, Graybar and Leonard (2005) have expressed concern that the experience of being listened to is now being increasingly side-lined in favour of other approaches to psychological care: medication, manualised therapy,

therapy through technological means; and short-term treatment with limits on the time available for the therapist to listen to the client. They put forward a case for listening being prized for its role in 'establishing and maintaining meaningful psychotherapeutic relationships.' They describe how the recipient of the therapist's listening can gain a sense of safety and belonging and that they can feel understood and valued as a result. They argue against what they describe as the recent marginalisation of listening in the therapy process and for its reinstatement as the essential and central aspect of therapy.

Counselling psychology, although not a promoter of listening explicitly, has contributed to promoting the use of the therapeutic relationship as a central aspect of the psychotherapeutic endeavour. It has a strong philosophical underpinning, which encourages a 'relational value system' and a 'relational attitude' in the practitioner (BPS, 2017; Jones Nielsen & Nicholas, 2016). It appreciates and promotes taking a phenomenological attitude to the client. This involves appreciating the client's perspective and allowing this to be voiced and respected. It may be argued, therefore, that it is pushing in the same direction as Graybar and Leonard, in holding onto the listening aspect of psychotherapy.

As part of an integrative relational approach, also valued within counselling psychology, Finlay (2016) states 'Clients need to know that we're hearing them; that we're there for them. The experience of being listened to in a very concentrated and focused way, of being heard, seen, and witnessed ... can be transformative.' So regardless of which models are being integrated, the relational stance will hold together values that promote respect and working with the relationship, and within this, the therapist listening to the client.

It is worth noting, in addition to the above account of how listening has developed in the psychotherapeutic profession, that there are attempts to promote the benefit of listening within other caring professions and the literature related to this could be of value to developing understanding within counselling psychology (eg, Stickley & Freshwater, 2006; Kagan, 2008, 2016 in nursing; Brenner, 2016 in psychiatry).

2.2.2 Research Literature on the Experience of Being Listened to in Therapy

Research literature on the experience of being listened to has largely focused on two areas. Firstly, it covers listening conceptualised as a therapist skill: it investigates how the therapist can acquire, hone and demonstrate listening to the client. Secondly, the literature has examined listening as embedded in other related therapy factors, such as empathy, congruence and compassion. This literature is outlined and critiqued below.

Training courses, at various levels, from short counselling courses to doctorate level training, incorporate the acquisition of listening skills as a necessary component. A number of books give guidance specifically on the skill of listening in psychotherapy (eg. Chessick, 1992; Jacobs, 2000; Pearmain, 2001; Brazier, 2009).

Within the training of counselling psychologists, listening skills are practiced and enhanced, as embedded in the broader learning experience of practitioner skills. This is done with the aim of establishing a therapeutic relationship, as well as a method of gathering information on the client.

Much of the previous research into listening in therapy has concentrated on the therapist and their ability to listen effectively. The emphasis has been on how the therapist listens, conceptualised as a skill, and on how this is communicated to the client. The aim has largely been to establish what constitutes and displays a certain quality of listening.

Much of the push to identify how effective listening can best be cultivated in the therapist has stemmed from humanistic work, the practice of which has provided fundamental skills for many other approaches. Rowan (1986) for example, a humanistic psychotherapist, proposed working with four 'levels of listening' (intellect, feelings, body and soul/spirit) and four 'types of listening' (empathy, awareness, countertransference and resonance), creating a matrix of

sixteen possible combinations. He mapped out combinations of listening qualities that could be used to provide listening that was most beneficial for the client and gave guidance on how this could be employed in training settings. He prioritised listening methods in his therapeutic practice and stated that 'unless we can hear what the client is saying, we cannot even begin to start any rationally defensible form of psychotherapy or counselling' (1986).

Other psychotherapists and researchers have focused on researching particular actions of listening. Fitzgerald and Leudar (2010), for example, although giving attention to positive and negative aspects of listening styles generally, paid most attention to how this was done through the use of continuers (eg. mm, uh-huh) as a way of encouraging clients to speak. They examined how person-centred, solution-focused therapists use active listening and were able to identify how continuers helped clients feel listened to and therefore continue speaking.

Both of the above studies provide valuable guidance on listening styles and skills. Both studies do not however give attention to how being listened to in therapy is experienced and understood by the client. The focus is on the therapist and how they listen.

This concentration on listening as a competency in the therapist, whilst it provides insight into listening as an aspect of therapy, has assumed that it is a valuable experience for the client but has not shown why this is the case. Developing understanding of how clients receive listening may add a valuable dimension, which is the hope of the present study.

The study of the experience of being listened to has also been included, as embedded in the research into other therapy factors, including empathy (Rogers, 1957, 1975; Jacobs, 1981; Schwaber, 1981; Barrett-Lennard, 1988; Myers, 2000), congruence, compassion (Lewin, 1996), acceptance and self-understanding (Rogers, 1975; Myers, 2000) and the therapeutic relationship (eg. Cooper, 2004). Listening is related to these factors and has, as a result, been examined, in combination with them.

This present literature review will focus on the research in which listening has been studied as part of the study of the use of empathy in therapy. The reason for this is that empathy is the therapy factor that has most commonly examined listening as a result of its study. This has been partly in the study of 'empathic listening': among the terms used to describe certain qualities of listening (eg. 'active listening', 'therapeutic listening', 'reflective listening'), empathic listening is one of the most cited in the literature.

As Myers (2000) points out, 'the relationship between the process of listening and the development of an empathic bond is broadly acknowledged' (Rogers, 1957, 1975; Barrett-Lennard). Building on an earlier study (1995) that examined empathy specifically, Myers conducted a qualitative study that explored clients' experiences of being listened to empathically and aimed to get an understanding of what helped the client feel heard. This study was exploratory and examined details from participant accounts of what helps them feel listened to by their therapist. The findings showed that providing a safe space for self exploration and providing cues that demonstrated the therapist was listening, such as paraphrasing, clarifying, questioning and remembering details, helped clients feel listened to by their therapists. The findings also described listening as a 'relational, interactional variable unique to each therapeutic encounter examined and not reducible to a technique or skill'.

Graybar and Leonard, in their case for listening remaining central to therapy, linked listening with empathy. In their 2005 paper, they began by referring simply to 'listening' when defending its position as an integral part of therapy – 'if the foundation of successful therapy is the therapy relationship, then the mortar of the therapy relationship is listening' - but switched to referring to 'empathic listening' further on in the paper, suggesting they assume 'listening' and 'empathic listening' are one and the same within the world of therapy.

The link between empathy and listening is made across theoretical approaches. Person-centred therapists, for instance, have the concept of empathy woven into

their central guiding principles of practice (Rogers, 1957, 1975) – as one of the core conditions. Rogers proposed that a positive outcome in therapy was linked to the ‘necessary and sufficient conditions’ that he put forward in his 1957 paper. He proposed that if these conditions were provided, ‘therapeutic personality change’ would be ensured. Later, in 1975, Rogers wrote ‘very early on in my work as a therapist, I discovered that simply listening, very attentively, was an important way of being helpful’. He made this statement in relation to the therapist experiencing and demonstrating empathy. Barrett-Lennard (1988), using a person-centred perspective, proposes 7 general properties of listening as it occurs in a range of life situations and links this to sensitive, empathic listening. Listening is also examined, as interrelated with the concept of empathy, in the psychoanalytic literature. Empathy is described by Schwaber (1981) as a ‘mode of analytic listening. On examining the interrelatedness of listening with empathy she states: ‘it is this listening stance which is what I mean by empathy’ (Schwaber, 1981).

2.3 The Purpose of this Present Study

2.3.1 Contribution to Psychotherapy Research

Psychotherapy research aims to examine, understand and articulate how therapy facilitates therapeutic change. Psychotherapy change process research specifically studies the processes by which change occurs in psychotherapy (eg. Orlinsky, Ronnestad & Willutski, 2004; Elliott, 2010). Although much of this research is able to document that positive change does occur in psychotherapy, the question of how this happens has not been answered in a clear and complete way (Kazdin, 2008; Fonagy, 2015). The mechanisms of change are not fully understood. Spinelli (2001) states how our understanding of ‘what works’ in therapy and ‘why it works’ is unfinished and that consulting clients on this matter would be of great value, as this study will aim to do, in the act of pursuing clients’ experiences and perspectives.

2.3.2 The Therapeutic Relationship

There has been increasing interest, within therapy research in recent decades, in the role the relationship between therapist and client plays in bringing about therapeutic change (eg. Gelso & Carter, 1994; Gelso & Hayes, 1998). Research has made strong links between the therapy relationship and outcome.

Many therapy factors have been identified, or it could be said concepts created, in an attempt to grasp an understanding of what goes on between client and therapist and to tease out what factors lead to positive therapeutic outcome (eg. Martin, Garske & Davis, 2000). Through this endeavour, the therapeutic relationship has been shown by many researchers to be an active and potent feature in bringing about positive therapeutic change. It has been demonstrated that the therapeutic relationship is a stronger predictor of positive outcome than theoretical concepts that underlie the approach of the therapist and that it impacts on the outcome of therapy, regardless of the approach being used by the therapist (Steering Committee, 2002).

What an effective therapy relationship comprises of is not clear however. Further research is needed to understand what components of the therapeutic relationship make it effective. This study aims to contribute to answering this question through investigating how the experience of being listened to in therapy plays a part in the experience. Considering the centrality of listening as part of the therapeutic process and the therapeutic relationship, there has been limited attention given to it (Myers, 2000). Research so far has rarely isolated the experience of being listened to in therapy in order to examine its impact per se.

As outlined above, the existing research literature focuses on the listening aspect of the therapy relationship from the perspective of the practitioner rather than the client. Regardless of therapeutic approach, it seems to be assumed that if the practitioner listens in a particular way, it will be of benefit to the client. There seems to be an assumption that the experience of being listened to is of value to the client and research is conducted from this perspective.

With little understanding of how it is received, we are depriving ourselves of a valuable and critical viewpoint that can contribute to the development of knowledge, in itself, and by possibly shedding light on existing and emerging understanding. Swift & Parkin (2017) encourage the research community to take further steps towards seeking client's understanding of psychotherapy and use this understanding to gain knowledge about how to best practice.

This study will examine the experience of being listened to per se and from the client's perspective. It will gather descriptions and understanding from the client's perspective, with the aim of seeking to understand how being listened to contributes to therapy.

2.3.3 Methodological approach

Within the field of psychotherapy research, study is undertaken using varying methodological approaches, both quantitative and qualitative.

Quantitative research has been the dominant approach for the past century. Research using quantitative methods aim to identify and measure therapeutic mechanisms, and use 'numbers and statistical analyses' (Lutz & Hill, 2009) to make links between aspects of therapy and outcomes. They attempt to quantify and make sense of how therapy brings about change in the client. They seek to understand therapeutic change largely from a cause and effect standpoint.

Qualitative research has surfaced as a stronger influence in generating psychotherapy literature in recent decades. It relies on 'words, narratives and clinical judgement, bringing back the humanistic quality to research' (Lutz & Hill, 2009). On the whole, it describes and examines rather than measures in the way quantitative research does.

Counselling psychology, the academic field in which this present research sits, values both qualitative and quantitative approaches, and notes how the varying approaches not only bring valuable findings in themselves but shed light on each other. It is a field that fosters critical thinking in its community of practitioners. It promotes practice that is based on research, advocating a scientist-practitioner paradigm (Corrie & Callahan, 2000).

The aim of this present study is to use a qualitative approach to examine how being listened to is experienced by the client and to develop understanding of how this experience contributes to the process of therapy. It aims to take a scientist-practitioner approach to this research, in keeping with the values of counselling psychology.

Chapter 3

Methodology and Method

3.1 Overview

This chapter explains how the research aims were pursued and gives the rationale for selecting IPA as the methodological approach for studying the experience of being listened to in therapy. It outlines the philosophical and theoretical underpinnings of the approach and considers the research issues of reflexivity and quality, as relevant to IPA. It then goes on to detail how the study was conducted in the method section.

3.2 Methodology

The aim of this research, as explained in earlier sections, is to examine the experience of being listened to in therapy from the client's perspective; it was conducted so as to attempt to gain knowledge around how being listened to is experienced and understood by the client, and how it contributes to therapy.

A qualitative approach was deemed suitable for several reasons. First, as the experience of being listened to in therapy is a relatively under-researched area it is especially appropriate to elicit the constructions that participants use to make sense of their experience rather than to present participants with *a priori* constructs. The inductive, rather than hypothetico-deductive emphasis of qualitative research best fits the development of new understanding sought in this research and stands in contrast to the testing of established hypotheses. Second, as the study seeks to examine human experience, from the point of view of the experiencer (Smith, Flowers & Larkin, 2012) qualitative research, as

described by Willig (2009), seems especially appropriate as it tends to be concerned with 'how people make sense of the world and how they experience events' and 'with the quality and texture of experience, rather than the identification of cause-effect relationships'. Third, qualitative approaches often (though not always) reject the notion of one objective fixed reality (Braun & Clarke, 2013). This leads to an analysis that focuses less on the categorisation of experience and puts greater priority on the examination and valuing of individual human experience and how this might inform wider understanding. Being listened to in therapy, as investigated here, is an individual human experience. A qualitative approach therefore seems most relevant to the knowledge being aimed for.

Whilst qualitative approaches share a number of attributes, including those noted above, there are a number of important dimensions on which they differ. Qualitative approaches occupy different positions in terms of realism and constructionism, the nature of the end product of the analyses (e.g. key themes, a process model) and the interpretative role of the researcher. The distinction between qualitative approaches is still more complex given the substantial variation to be found *within* qualitative approaches, for example grounded theory can be more realist or constructionist, can seek to develop an explicit model or be more open ended and can restrict or liberate the interpretative role of the researcher according to the specific version of it that is used. As this research focuses on the *experience* of being listened to it seemed especially appropriate to choose a qualitative approach that supports an investigation of what it is to be human and the sense people make of themselves and their experience. IPA was selected as the methodological approach to gathering and analysing data for this purpose. This offered an approach that imported relatively few assumptions concerning the content or structure of the findings that might emerge. Furthermore, the approach allowed for the researcher to inform their analysis by (primarily) close reading of interview transcripts, but also their own insights and understandings of the issue at hand. Finally, IPA brings the researcher's reflections on their place in the process, encompassing the inception of the project, the data collection and the analysis – this sense of

acknowledging the person of the researcher as integral to the research process was seen as consistent with the researcher's own understanding of the research process.

IPA's main epistemological underpinnings are that of phenomenology, hermeneutics and idiography (Smith et al, 2012). These theoretical influences will be detailed here with attention to how this study in particular was conducted.

3.2.1 Phenomenology

The use of a phenomenological approach reflects the intention of this study to explore and articulate human experience, as it is perceived from the point of view of the experiencer: the voice of the experiencer is central. The data gathered for this study is first-hand descriptions and sense-making from people who have been in therapy or are still in therapy. It pursues detailed reflections from people about their experience of this phenomenon and how they understand it.

As noted above, the present research literature leaves the phenomenon of being listened to in therapy, as experienced and understood by the client, as relatively unexamined, despite it being central to therapy. Largely, the literature that does exist focuses on how the therapist can listen in a way that is effective for the client, without fully understanding how this is received by the client. As argued above in the literature review, it was felt that the client's voice and understanding of this experience would be of value to the knowledge base of therapeutic research. Therefore, a phenomenological approach to examining the experience was considered appropriate. As articulated by Larkin, Watts and Clifton (2008), IPA can 'give voice' to the 'concerns of participants'.

Phenomenology, as a philosophical movement, began with Edmund Husserl (1859-1938). As a reaction to the rationalist/positivist climate of his time, he

urged fellow philosophers to 'go back to the things themselves': by this, he meant for them to 'bracket off' their assumptions and presuppositions and to heighten their reflective awareness so as to experience and understand how phenomena are experienced in people's consciousness with a sense of newness and naivety. He described this shift in attitude as being from the 'natural attitude' of everyday existence to a 'phenomenological attitude' (Smith et al, 2012).

The intention behind this study is aligned with this thinking. It aims to 'go back to the things themselves', as Husserl prompted. It aims to uncover the 'essential characteristics' (Husserl, trans.1963) of the experience of being listened to in therapy, unencumbered as far as possible by assumptions and presuppositions.

This intention during the analysis process in this study included bracketing off the assumptions and presuppositions of psychological knowledge. Within therapy research, the essence of human experience can become lost in attempts to create psychological concepts and psychological language. Yalom (2005) acknowledges the importance of constructs and their value in understanding what goes on in therapy but also points out that 'therapeutic factors are arbitrary constructs'. This study does not challenge the value of these concepts and of psychological language as enabling psychological understanding but aims to contribute to understanding that can be uncovered when these constructs and the related language is placed aside. Echoing Husserl's prompt, this research aims to step away from the assumptions and presuppositions that are created and embedded in psychological language and theory so as to promote the voice of the experiencer.

The interview process itself, as outlined in the method section below, was conducted using language that the client could fully participate in. Constructs and psychological language were avoided. It encouraged reflection and a 'phenomenological attitude' in the interviewee, through a gentle and respectful but probing interview style. As Smith, Flowers and Larkin (2009) state, when describing the phenomenological aspect of IPA, 'what the philosopher is doing is formalizing a rigorous description of an approach and ability which is a human

one' and this human ability was invited into the interview situation with each participant.

In terms of its attitude to knowledge and knowledge acquisition, a phenomenological approach assumes independence between human experience and reality. In a phenomenological research study, the researcher is working with a relativist ontology and an emic epistemology: it is conducted from the viewpoint of there being multiple realities which are based on the meaning attached to them by the experiencer, including the meaning attached to it by the researcher in the case of IPA research. In IPA, a critical realist standpoint is taken, in which it is considered that a pre-social reality exists but that it is possible to only have a partial rather than complete understanding of it.

3.2.2 Hermeneutics

Although Husserl urged philosophers to bracket off their assumptions and presuppositions, Heidegger and other phenomenological philosophers argued that it was not possible to always identify one's assumptions and presuppositions and that this human situation needed to be acknowledged in the research process. This pushed the phenomenological movement to develop from one that focused on descriptions of consciousness and the essences of phenomenon, as established by Husserl, towards incorporating hermeneutic dimensions (Finlay, 2009; Larkin, Watts & Clifton, 2006). It welcomed in the subjective view. This version of phenomenology, a more hermeneutic phenomenology, was used in the creation of the IPA approach. As Smith (1996) states, IPA works under the belief that any attempt to access people's experience is 'partial and complex'. The analytic process cannot ever achieve a genuinely first-person account.

In fact, IPA uses a double hermeneutic in the analytic process (Smith et al, 2012; Smith & Osborn, 2008). It is considered that the data that is created and examined is co-constructed by both the participant *and* researcher. The process

gathers not only the person's description and understanding of their own conscious experience, but also invites the researcher's interpretation of the person's description and understanding. It embraces the use of interpretation as a way of extending and deepening the data gathered.

The individual's context is included in this process of interpretation. IPA is designed to situate individual's sense-making of their experiences of phenomena in socio-cultural and theoretical contexts (Smith et al, 2012). Heidegger believed that a person is always in a context, 'embodied and embedded in the world, in a particular historical, social and cultural context' (Shinebourne, 2011). The IPA researcher examines the person in their context, considering their 'relatedness-to-the-world' (Smith et al, 2012).

It should be made clear that it is not that the attempt to suspend the researcher's suppositions and prior understanding is dropped. This is, importantly, still aimed for. (Langdrige, 2007; Finlay, 2011). The aim is still to allow the participant's account to emerge on its own terms (Larkin, Watts & Clifton, 2006). The researcher aims to receive the participant's account with a sense of openness and curiosity that places expectations to the side, but also allows interpretation to come into the analytic process.

To generate a sophisticated interpretation of the experience of a phenomenon, IPA proposes the use of the hermeneutic circle. This refers to the use of an iterative process (Heidegger, 1962; Gadamer, 1989): this means having awareness of and working with 'the dynamic relationship between the part and the whole' (Smith et al, 2012; Smith & Osborn, 2008). In keeping with this, the analysis of the interviews gathered from participants in this present study involved movement back and forth between focusing on minute detail to taking broader views of the data. The analytic process is largely linear but there is also permission in IPA to re-visit and loop back to points that may be relevant to the point on the linear path. This occurred in examination of the data in this present study.

3.2.3 Idiography

Idiography is a term used within philosophy to describe an approach to knowledge. In adopting an idiographic approach to psychological research, as IPA does, it focuses on and values what can be drawn from the singular case. When combined with the phenomenological task of pursuing experiential data from people and the hermeneutic task of interpretation, it aims to provide insights into how a given person, in a given context, makes sense of a given phenomenon, as gathered and interpreted by the researcher (Smith et al, 2012). In the case of this research study, it aims to provide insights into how a person in therapy experiences and makes sense of being listened to by their therapist.

In practice, IPA gathers a number of individual cases. It does not compromise on its commitment to an idiographic stance however, as it examines and interprets each individual case in detail. In this present study, care was taken to fully attend to each case, including identifying themes, before moving on to analysis of the next. This allowed complete immersion in each separate case before comparisons were made between cases and before points of 'convergence and divergence' between accounts (Smith et al, 2012; Eatough & Smith, 2017) were identified, as is the practice with IPA (see method below).

The findings from an IPA study are made up from the analysis of a number of individual cases but can be translated to more general claims and linked with present research findings once a full analysis is completed.

3.2.4 Reflexivity

IPA requires researcher reflexivity, from a personal and epistemological standpoint. It is a process that can enhance the accountability, trustworthiness and transparency of research (Guillemin & Gillam, 2004). This is concordant with counselling psychology values more broadly (BPS, 2012). The notion of

reflexivity refers to the act of reflecting on the one's standpoint as a researcher, in relation to the phenomenon being studied, and attempting to identify the ways in which such a standpoint shapes the research process and findings (Finlay, 2011, 2016). This self-awareness and reflexive position as a researcher is woven into the process of IPA from beginning to end. It is a position that is maintained, as far as is possible, from the early stage of selecting IPA as the research method and planning how it will be used as a way of researching the chosen area of study, through the participant selection process, interview stage, data analysis and write-up.

The act of understanding the researcher's impact on the findings and examining how this occurs and contributes cannot be carried out to completion. For example, in terms of interpretation, it may not be possible for the researcher to be aware of all their fore-conceptions prior to the analysis and as Smith (2012) points out, 'one may only get to know what the pre-conceptions ... are once the interpretation is under way'. This was the case in this present study, as will be explained later in the Analysis section. Therefore, the researcher reflexivity is a stance rather than a task that can be completed.

As far as it is possible to categorise epistemological positions, the critical realist stand-point fitted most closely to the belief system of the researcher. Within the critical realist range, this study was approached with the belief that there is one reality but that people perceive reality in different ways and attach different meanings to it. We are not able to be objective and find one truth but we can gather and document the multiple truths that are experienced, each of these echoing the one truth.

3.2.5 Quality

The issue of quality in qualitative research provokes much debate. Defining and assessing quality in qualitative research is perhaps less easily achieved than for quantitative research, where the exact nature of numbers offers apparent

precision. Ensuring quality in a qualitative study is achieved through different aims to those for a quantitative study.

So as to ensure that this present study was well-planned and well-executed, guidance was sought in the literature, with reference to the following sources: Smith, Flowers & Larkin (2012: chapter 11); Madill, Jordan & Shirley (2000); Elliott, Fischer & Rennie (1999); Yardley (2000, 2008); and Larkin, Watts & Clifton (2008). Their guidance on how to ensure quality in qualitative research covers a number of points. In particular, Yardley's framework for validity in qualitative research (Yardley, 2000, 2008) was consulted. The guidance involves giving attention to four broad principles: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance.

Smith (2011) states that the research must be conducted in a transparent way and that it must clearly subscribe to the central philosophical foundations of phenomenology, hermeneutics and idiography. The research must provide sufficient evidence for each analytic theme. This has been done so with quotes to illustrate each point put forward.

The context in which the participant is experiencing the phenomenon should be explored and made as clear as possible. This is done partly through collecting demographics (see Method section below). It is also done through understanding and exploring the literature surrounding the study topic and the theory grounding the methodology (Elliot et al, 1999; Parker, 2004; Yardley, 2000). For this present study, a thorough literature review was conducted as is documented in Chapter 2.

Good quality research should identify and discuss its limitations and contributions to existing knowledge. (Elliot et al, 1999; Elliot, Fischer & Rennie, 2000; Yardley, 2000). Attention was given to this and is documented in the discussion.

3.2.6 Other Qualitative Approaches

In considering which research method would be the most appropriate for investigating the experience of being listened to in therapy, it seemed that a qualitative approach was most relevant as stated above. A number of alternative qualitative approaches to IPA were considered in the planning stage. These included the following: discourse and conversation analysis; grounded theory; and narrative analysis.

Discourse analysis and conversation analysis have their focus on the action of the words rather than the inner experience of the participant and were both, when considering the need for a method that allowed for examination of the inner experience of the participant, regarded as unsuitable. With discourse analysis, the focus is on the construction within the dialogue and with conversation analysis the focus is on what actions are being pursued through the dialogue between the interviewer and interviewee. Both of these approaches did not offer the opportunity needed to examine the inner experience of the participant, as a client in therapy.

Approaches that focused on the content of the interview rather than the action were therefore considered. With this in mind, grounded theory and narrative analysis were considered but IPA was deemed the most appropriate due to the opportunity it provides in the analysis to examine the participant's inner subjective experience of being listened to in detail and depth. IPA also allows the researcher to invoke their identity and acknowledge their own experience. As the researcher has experienced being listened to in therapy herself and provided this experience for clients in her clinical work, it seemed important to be able to acknowledge that this would impact on the findings.

3.3 Method

The method used to conduct this study is outlined below. The guidance on quality and the importance of a reflexive stance, as described in the methodology section, was kept at the fore throughout.

3.3.1 Participants

Once ethics approval had been given, the recruitment process was begun. The aim was to gather 10 participants, all of whom had either been in therapy or were still in therapy when recruitment took place. The inclusion criteria included the therapy received being face-to-face, weekly and having been ongoing for at least 2 months (either past or present). If the therapy had finished, it needed to have been finished within the past 2 years and not before. The practitioner who saw the participants needed to be a counsellor, psychotherapist or counseling psychologist and to be qualified to graduate diploma level or equivalent. All participants were female and over 18 years of age. These specifications assisted in the recruitment of a sample of participants that was homogenous in nature, as required for an IPA study.

The aim to recruit 10 participants in total fits with the higher end of the suggested sample size for IPA (Pietkiewicz & Smith, 2012). In the event, only 8 participants were recruited, which is still an appropriate sample size for an IPA study and it can be argued less likely to dilute the attention required for each individual case.

Participants were recruited through a number of routes: through a GP practice, in which a counselling psychologist worked; through professional contact with 3 counselling psychologists; and through snowball sampling. Information on the research was offered to all clients who saw each of the above psychologists and was also provided to those who expressed interest through the snowball sampling method (see Appendix 1 – page 96).

In the event, 8 participants were recruited. They were given the following pseudonyms and interviewed in the following order, as is detailed in the next section:

1. Cassy
2. Sara
3. Grace
4. Heidi
5. Tash
6. Mary
7. Alice
8. Jo

3.3.2 Interview Process

The chosen approach to collecting data was through the use of interviews. This is the most common way of collecting data for an IPA study and allows the researcher to facilitate an interview that can generate rich, detailed, first person accounts of participants' experiences, as is required for high quality research (Smith, Flowers & Larkin, 2012). One-to-one interviews also allow the researcher to facilitate a supportive environment for the participant, in which their emotional welfare can be attended to in relation to the data collection process.

The interview schedule was constructed by the researcher and then reviewed, firstly in consultation with peer students and then in a pilot interview. It was designed as a semi-structured interview schedule. This provided guidance to keep the interview focused on generating data relevant to the research question and also allowed the flexibility to follow each participant's flow of conversation, in keeping with the inductive aim of IPA. The interview schedule was memorised

by the researcher but kept to hand during the interview as an aide- memoire. The schedule is shown below:

3.3.3 Interview Schedule

How would you describe your experience of being listened to in therapy?

How did being listened to make you feel?

How did the experience of being listened to alter from session to session or within sessions?

What are your other experiences of being listened to – present and past?

What are your experiences of not being listened to?

What value did/does the experience of being listened to have for you?

Before each interview proper was embarked on, with above questions being put to the participants, time was spent helping them get comfortable. They were given a verbal summary of the purpose of the research and how it was to be conducted. They were all given the opportunity to ask questions and voice any concerns. Considerable time and care was taken to ensure participants felt safe before and during the interview process. The researcher's training and experience in therapeutic work helped in facilitating a secure and confidential space for the participant.

Each participant was then asked to sign a Consent Form (Appendix 2 – page 98) This was so that the participant could give documented consent to take part in the study and agree that the findings could be published. It also reminded them that the interviews would be treated confidentially and that they were free to

withdraw from the study at any time, without needing to give a reason. At this point, demographic details were taken. These included the following: name (replaced by a pseudonym); age; nationality; occupation; theoretical orientation of each therapist the participant saw; the length of time the participant had therapy with each therapist; and the gender of each therapist.

Table 1: Participant Demographics

Participant	Pseudonym	Age	Nationality	Occupation	Therapist's approach	Length of time in therapy	Gender of therapist
1	Cassy (C)	28	White British	Junior medical doctor	CBT/solution-focused Psychodynamic	6 months 18 months	Female Female
2	Sarah (S)	68	Swiss born, lived in UK for 30 years	Photographer	Freudian Jungian	2 years 6-7 years	Female Male
3	Grace (G)	29	French born, lived in UK for 3 years	Financial adviser	Psychoanalytic Integrative	4 months 3 years	Female Female
4	Heidi (H)	38	White British	Trainee psychologist	Person-centred Psychodynamic	1y 3y - present	Female Female
5	Tash (T)	59	White British, of American Jewish heritage	Science documentary film maker	Couples therapy Psychodynamic	6 months 4 years	Female Male
6	Mary (M)	43	White British	Creative events director for sports charity	Gestalt Gestalt Group	4 years 1 year 4 years - present	Female Female Male
7	Alice (A)	36	White British	Beautician	Integrative CBT CBT	3 months 2 weeks 2 weeks	Female Female Female
8	Jo (J)	32	White British	Charity fundraising assistant	Play therapy Counselling Counselling CBT DBT	Unknown Unknown 1 year 4 months 2y - present	Female Female Female Female Female

All interviews were audio-recorded, using two recorders simultaneously. The interviews took place either at Roehampton University or at the site of the participant's therapy, as suited each participant involved.

Each interview was conducted in a way that aimed to allow the participant to talk in-depth about their experience of being listened to in therapy and to focus on the aspects of this experience that were most important to them (Smith et al, 2012). The aim was to capture and incorporate the participants' described experiences and sense-making as well as to interpret. The individual nature of each participant's experience was respected and this individuality was allowed to come through in each interview. The researcher's aim was to bracket off any of her own assumptions or pre-conceptions as far as was possible, to enable the participant's understanding of their experience to be the focus of reflection and conversation.

The interview arrangement echoed the context in which the participant experienced the phenomenon. This made the data gathering an experiential process as well as a data gathering one and was drawn on in the interview. The interviewer was able to ask the participant to comment on how it being listened to was experienced for them in the interview process. The closeness of the interview experience to the experience of the phenomenon was noted, discussed and used a way of enabling a close examination of the experience of being listened to.

The researcher was attentive to any emotional response the interview prompted in each participant during the interview process. When a participant found the interview emotionally demanding, which was significantly so for 3 of the participants, it was made clear to the participant that the interview could be paused or stopped if they wished.

Once each interview had been conducted, the participant was given a Participant Debriefing Form (Appendix 3 – page 100). This form provided details of who to

contact if the interview had been distressing in any way or if the participant wanted to discuss the study further.

3.3.4 Analysis of Data

In the analytic process, the researcher is aiming to ‘identify, describe and understand two related aspects of a participant’s account: the key ‘objects of concern’ in the participant’s world, and the ‘experiential claims’ made by the participant’ (Smith, Flowers & Larkin, 2009). This search for these is begun with the interview process, as described above, and then continued with by conducting a detailed examination of the transcript of that interview.

A verbatim transcribing process was used to transcribe the interviews in this research study, aiming for high quality transcripts. Each interview was transcribed in a consistent way and names and identifying details were altered for the sake of anonymity. Pseudonyms have been used at all times, to protect the participants’ identities. The notation system used throughout each transcript is shown in Table 2 below.

Table 2: Transcript Notation System

I	Interviewer
P	Participant
...	Pause
Mm	Sound of encouragement
Uh- huh	Sound of agreement
()	Utterance of the other person
* ... *	Action other than speaking

Considerable care was taken in transcribing to a high standard. Despite the aim for as much accuracy as possible however, it is acknowledged that a degree of

unintended selection will have taken place during the transcribing process (Braun & Clarke, p.162). The transcript is a representation of the audio recording and the audio recording is a representation of the actual interview experience. The data that was analysed (the transcripts) is therefore two steps removed from the actual interview experience.

Initial notes were made during the transcribing phase, but the bulk of the analytic work was conducted once all the transcripts were fully transcribed so that full attention could be given to the content of the interviews.

Work was conducted on each transcript individually at first. An example can be seen in Appendix 4 (page 102). Each transcript was read and re-read in a thoughtful but spontaneous way, with notes made during this reading process. These notes included 'associations, questions, summary statements, comments on language use, absences, descriptive labels'.

One of the aims during this stage of the analytic process was 'to begin the process of entering the participants' world' as far as possible (Smith, Flowers & Larkin, 2012). The categories proposed by Smith, Flowers and Larkin (2012) – descriptive, linguistic and conceptual – facilitated this aim and were then used to generate further analytic notes. The categories were used in parallel at first and then with focus on each one at each read through. This allowed both an open curiosity in their use at first and then established more rigour when they were used exclusively during a later read through. On the transcripts, the comments were colour-coded, as illustrated on the transcript provided in Appendix 4 (page 102).

These notes that were developed during the stage described above were then used to develop emergent themes within each transcript. This involved giving time for contemplation so as to allow the level of interpretation of the transcript and notes to have depth. As in keeping with the concept of the hermeneutic circle, the part was analysed in relation to the whole and the whole in relation to the part (Smith, Flowers and Larkin, 2012). A table of themes and their

frequency was created for the purpose of understanding the frequency with which themes occurred within the transcripts. This is shown in Appendix 5 (page 208).

Once emergent themes had been developed for each transcript, patterns and connections were identified across transcripts (Smith, 2011). Points of convergence and divergence were noted. This stage involved using techniques outlined by Smith, Flowers and Larkin (2012), in particular abstraction, subsumption and numeration.

3.3.5 Further Ethical Considerations

The audio recordings and full transcripts are to be kept by the researcher in a secure filing for an indefinite period of time, as agreed with each participant.

3.3.6 Personal Reflections

I believe my training in psychotherapeutic practice assisted in developing awareness of my own assumptions and in responding to the participants with sensitivity and respect in the interview situation. As McLeod (2011) states, 'the activity of doing qualitative research is highly concordant with the activity of doing therapy ('making new meaning, gaining insight and understanding, learning how personal meanings have been constructed'). I felt able to facilitate a conversation with each participant that was exploratory and reflective and, at the same time, respected and attended to their well-being.

My training, I believe, also set my expectations of the findings. These fed into the interpretative work. I elaborate on this in the Analysis and Findings Chapter.

I believe the order in which the interviews were analysed had an impact on the themes that were picked out, despite the aim to place each analysed transcript

aside before beginning on the next. The themes that were identified in the earlier transcripts seemed quickly available in the following transcripts.

Chapter 4

Analysis and Findings

4.1 Overview

This chapter details the themes that arose from conducting an analysis of all the eight transcribed participant interviews. Each theme is illustrated with quotations from the original transcripts. The demographic information that was collected for each client is tabulated in the Method section above (see Table 1) and an analysed transcript is provided in Appendix 4 (page 102), as an illustration of how the analytic process was conducted.

The interviews were analysed in the following order, as given below. They were analysed in a different order to that of the interviews.

- | | |
|----------|--------------------|
| 1. Cassy | 1 hour 35 minutes |
| 2. Alice | 34 minutes |
| 3. Heidi | 1 hour 7 minutes |
| 4. Jo | 56 minutes |
| 5. Tash | 1 hour 4 minutes |
| 6. Mary | 53 minutes |
| 7. Grace | 47 minutes |
| 8. Sara | 2 hours 23 minutes |

4.2 Findings

4.3 Introduction to Findings

Three super-ordinate themes, encompassing a total of eight sub-themes, were identified as a result of conducting a thorough and detailed analysis of the

participant interview transcripts. As is the case with the IPA approach, these emerged from a combination of the participants own accounts of their experience and the researcher's interpretation of these related accounts.

Despite listening being an experience that is at the heart of therapy, it seemed to be a subject that none of the participants had reflected on previously. They all struggled to articulate how they experienced being listened to and to make sense of it during the early stages of each interview. They had to work hard to make sense of it within the interview process itself and didn't present with any pre-conceived ideas. This, in itself, is surprising considering its centrality in the therapeutic experience.

Cassy talked about this herself, in her interview: she described being listened to as *abstract* and felt that attempting to describe it was *like describing colour*. It seemed difficult to define and therefore describe.

Jo had seen a number of therapists of different orientations and, as became clear during her interview, had come to develop ideas about what makes for effective therapy. She was surprised herself when she realised she had not reflected on this aspect of therapy before

Um, yeh, I don't think I've ever really thought about that part of it before (mm). Um, I think that's really. Er, sorry, I don't know. I've never really thought about that part (mm) of it before.

Despite the initial difficulties participants had in articulating their experience, all did, however, as the interviews progressed, develop ideas about what being listened to meant to them.

These are drawn into super-ordinate themes and sub-themes as shown in Table 3 below. They are then explained and illustrated with extracts from the transcribed interviews with the participants. A table of all the related emergent

themes and the frequency with which they occur is shown in Appendix 5 (page 208).

Table 3: Super-Ordinate Themes and Sub-Themes

Super-ordinate theme	Sub-themes
1. Difficulty and Ambivalence	(i) The difficulty of being listened to
	(ii) Ambivalence in the face of being listened to
2. The Testing Ground	(i) Is the therapist listening?
	(ii) Testing what being listened to represents
	(iii) Division between the therapist who listens and therapist who doesn't
3. Being Together and Being Alone	(i) Being together
	(ii) Being alone
	(iii) Creating transition

4.4 Summary of Super-Ordinate Themes

The three overarching superordinate themes are summarized below and then outlined in further detail, along with the sub-themes.

The first super-ordinate theme that emerged from the data is that of the difficulty and ambivalence participants experienced due to being listened to in therapy. This seemed to be related to the fact that they had an awareness of it being the beginning of a process that would be difficult. They anticipated what was involved in the therapy process as a whole. They were aware that it would involve recalling painful memories, including those of not being listened to and not receiving all that the experience of being listened to represents for them, such as being cared for, understood and accepted. Being listened to prompted desire for these and an accompanying fear of not receiving them, as had been the case in their history and for some participants, in their present life. They spoke of being aware that being listened to would be valuable to them but feared the feelings that would ensue. As a result of the difficulties it brought, participants expressed ambivalence to being listened to by their therapist.

The second superordinate theme describes how participants test their therapist through the experience of being listened to. Due to the difficulty and ambivalence participants experienced, as described in the first superordinate theme, participants sometimes consciously and sometimes unconsciously tested their therapists. They tested their ability and capacity to listen to them and used this as a way of testing other therapist qualities, including the therapist's ability to offer them the aspects of therapy that being listened to represented for them, as will outlined below. They also used this test to make a judgement as to whether to embark on therapy and, as the therapy continued, whether to remain.

The final super-ordinate theme articulates how participants describe being listened to as a way of being together with their therapist and, at other times, as a way of being alone. It seems they move back and forth between these two ways of experiencing being listened to, as part of the therapeutic process. In the 'being

together' position, the client tests the therapist's ability to be with them by testing their ability and capacity to listen and all that it represents (as described in superordinate theme 2). Once they feel the therapist is able and available to be together with them, they then feel able to turn their attention to themselves and their internal experience and shift into the 'being alone' position, with the knowledge that the therapist is present while they do so. It is within this second position, of being alone, that the client is able to attend to her inner experience, which provides opportunity for therapeutic change.

These super-ordinate themes, along with their sub-themes, are outlined in full below, with extracts from the interviews to illustrate how the themes were drawn from the data.

4.5 Super-Ordinate Themes with Sub-Themes

4.5.1 Super-Ordinate Theme 1: Difficulty and Ambivalence

A strong theme that emerged from the interviews with participants was the fact that being listened to in therapy can be a difficult experience and result in ambivalent feelings towards it. Although participants had to work to understand and articulate the source of what they found difficult, they were clear that it was an aspect of therapy that they found hard. With the interviews allowing time for reflection on this, a number of them were able to describe it as being related to what they anticipated they would need to encounter further into the therapeutic process. The invitation of the listening therapist is for the client to speak, which in turn prompts internal reflection and remembrances that can be anxiety provoking. The client is faced with having to become more aware of their internal experience, putting words to this and facing the feelings that come with this. So the listening therapist sets in motion a series of prospective actions that are difficult for the client to face and this series of actions engenders ambivalence in the client: it is an experience they seek and they are able to

acknowledge their belief that being listened to will be of value but are, at the same time, aware of the difficulties it may involve.

This super-ordinate theme and its sub-themes are described in further detail below.

4.5.1.1 Sub-Theme 1(i): The Difficulty of Being Listened To in Therapy

All participants described the experience of being listened to in therapy as difficult. The difficult nature of the experience seemed to come to mind more swiftly than any benefit and they gravitated towards speaking about this difficulty without prompting from the researcher.

For many, they were not able to immediately identify what was difficult about the experience but described the feelings and how they reacted in the face of their therapist listening to them.

Early on in the interview with Cassy, for example, she talked about being listened to by her present therapist, the second therapist she has seen, with whom she believes she had a good therapy relationship. She seemed surprised at how difficult she still finds it after eighteen months of therapy and couldn't easily explain why at first:

I still find it quite disconcerting ... I still find it quite odd ... I'm very self-conscious

She seemed perplexed for a long while as she considered this and tried to understand why it was such a *disconcerting* and *odd* experience. She then placed aside her surprise and concluded with a tone of finality:

the experience of actually being listened to ... is actually really bloody uncomfortable

Alice also described the experience as difficult and struggled to be clear as to why she experienced it that way when we began the interview:

It was hard and sometimes there were really awkward moments (mm). There was like silence. Sometimes it was really hard. I think I got better at it, you know, um but yeh, it was just weird and hard, yeh, hard, it was hard

She repeated herself as she tried to get to an understanding of how it felt to be listened to. She kept returning to the word hard and struggled to articulate it any more than this at first.

As the interviews progressed, some participants were able to begin linking the difficult nature of being listened to with the fact that it was interrelated with other aspects of therapy and also with not *feeling* listened to.

Alice, for instance, who struggled at first to understand why she found the experience so difficult and was only able to repeatedly use the word *hard* to describe it, began to make links that helped her identify the possible source of the difficulty. She began to use the word *painful* instead and then from there, worked towards figuring out what caused the pain. The beginnings of her pursuit in self-understanding are contained in the extract below:

... I found it hard 'cause it's painful. Do you know what I mean? It's like quite difficult things to talk about so it wasn't just being listened to. It was more saying it (mm), you know. It's more saying it to yourself, isn't it I think, well for what I was there for anyway, do you know what I mean? It's kind of like making it real to yourself, if that makes sense.

She became aware that *saying it* was *hard*, rather than being listened to per se. For her, being listened to by her therapist was synonymous with *saying it* and this is what she found difficult.

She also referred here to herself as the listener and suggested that by hearing herself say what was hard, this resulted in *making it real*. This demand of therapy she also found hard and considered it inextricably linked with the experience of being listened to.

Despite attempting to guide herself to focusing more on the experience of being listened to throughout the interview, she repeatedly found herself thinking about speaking in therapy instead. For her, the two were almost synonymous.

All of the other participants, except for Tash, also talked about other aspects of the therapy process rather than focusing exclusively on the experience of being listened to during the interview process. Being asked to think about the experience of being listened to in therapy seemed to lead them to think about what being listened to set in motion. Participants seemed to have a sense of what they would be facing by entering the therapy process and felt that being listened to started and maintained this process.

Cassy spoke about the position being listened to put her in:

there's a pattern of engagement that means you are challenged in your responses. Not necessarily in what the person opposite you is saying (mm), but by saying something out loud to someone else, you're forced to go 'what do they think of that? Is that right? Do I think that's right? No maybe I don't think that's right' (mm). And so you take that step back from what you're saying automatically (mm). And then when the therapist or the person sitting opposite you goes 'really? How does that link to this?' and you go 'oh, shit, I've got to actually do some digging here, I don't want to do this. I've got another 34 minutes, damn it' (mm, laughs). You know? That's when it starts

She seems to be saying in the above extract that being listened to in therapy involves being listened to in a particular way, one that means that she has to question herself. She recognises that, by putting herself in the position of being

listened to in therapy, she is confronted with having to consider her words, to wonder about the therapist's view of them and to reflect on how much they represent what is happening for her internally.

There seemed to be a number of aspects of the therapy experience that participants recognised as being prompted by the initial experience of being listened to. As Cassy described above, being listened to means having to speak. Having to speak means having to consider what to say, which is often accompanied by questioning oneself. As Alice identified, by speaking and hearing herself out loud, she is confronted by her own reality and the emotion that it brings with it.

It seems that the difficulty of being listened to is therefore partly linked to the difficulty of facing these interlinked aspects of the therapy process.

While Alice recognised this connection ...

*it's not necessarily that they're listening, it's that you're saying ... It's more you processing it yourself and making *sniffs* sense of it yourself, making it real, (yeh) you know. So, it's not, I don't really see it as listening. It's, it's more you listening to yourself.*

... others spoke about other aspects of therapy without identifying this link. Jo, for instance, spoke about the pressure she felt under due to being listened to:

sometimes you just walk in there and the person is just smiling at you so then it just becomes a chore. You think oh god I have to do something about this. And when you're already quite overwhelmed (mm) and you don't want another chore, that's (mm) like the last thing you want.

It seems that the struggle participants had to describe and reflect on the experience of being listened to in therapy may, as referred to at the beginning of

this chapter, is due partly to its interrelatedness with other aspects of therapy. It seems difficult for participants to describe the listening aspect per se.

A number of the participants also spoke about not *feeling* listened to by their therapists. Some acknowledged that this could be a result of their own personal history and particularly previous experiences in which they felt they hadn't been listened to. All participants, without exception, reported not being listened to as a child. Tash, for instance, described her experience in the following way:

I'm pretty sure I was never listened to as a child ... I never really spoke. I mean, the sort of understanding in the household was ... I was the youngest (mm), and I think everybody assumed I was quite stupid, and that I certainly wasn't worth listening to. So, I didn't really say much. And I don't- I don't remember being listened to

For Tash, she vividly remembers not being listened to as a child, as she explains in the extract above. Within the interview itself, her discomfort at being listened to was apparent and, as she had described, was also the case throughout her therapy sessions.

Grace's description of her early childhood similarly has recollections of not being listened to:

I'm really insecure around being listened to specifically and ... that's, that's definitely linked to my past and how I wasn't listened to and I think from very young I was told that I, that my words have no, no importance and it would be much better to stay silent and actually I really enacted that from a very young age and I was silent throughout my childhood

Grace was quietly spoken as she discussed how she felt silenced as a child. Receiving the message that *it would be much better to be silent* meant that being listened to in therapy invited her into a situation that she had been told was not acceptable. The impact of this could be seen during the interview process as well.

It seems to be that the experience of being listened to acts as a reminder for many of the participants that there had been an absence of this experience earlier in their life or that there is an absence in the present life. It made the participants aware of their desire to be listened to and to experience all it represented to them (as discussed later in theme 2ii) but also brought about the fear that this would not be received, as had happened in the past. By entering into the process of therapy, which begins and is maintained by the therapist listening to them, they are put in a position where they are reminded of their history, of not being listened to, of not receiving what the listening represents (theme 2ii) and this absence being *made real*. They are put in a position of heightened awareness of what they have missed and, along with the stimulated desire for this experience in the present, anxiety that it will again not be forthcoming.

4.5.1.2 Sub-Theme 1(ii): Ambivalence in the Face of Being Listened To

All participants expressed ambivalence towards being listened to by their therapists, the majority doing so explicitly. This ambivalence seemed to be expressed in two ways. Firstly, it seemed to be a result of the participant having an understanding that being listened to in therapy could be a valuable experience for them but also being aware that the experience would be difficult (as described in Theme 1i). Secondly, it seemed to be a result of participants' desire to be listened to by their therapist but at the same time being aware of the prospective difficulty they would face and, as a result, feeling anxious about being listened to.

In the first case, that of understanding the value but fearing the difficulty that would come also, the majority of participants (all but S and J) made reference to this.

Cassy, for example, who had finished therapy a few months earlier and was reflecting on it from a position of looking back on the experience, stated *how important it is to be heard* and felt it had *had a massive impact* on her in a positive way. In the extract below she describes how she felt it had been of value to her but also how she had not wanted to face it:

*there is value in stepping back from your life (mm), and taking a look, however gently, however harshly, in the way that you have engaged with the world; your relationships, your spaces, your work, your purpose (mm), and that's bloody hard, and that's often very dark and very heavy and very challenging and uncomfortable, and you don't want to do it, you'd rather eat muffins and sit in the dark watching Disney *laughs*. But there's this- there's something very valuable in that, and the only way you can truly do that, you know going back to the sitting in a chair in a room on your own for 50 minutes ... there's a sense that they (the therapist) will challenge in reflection (mm) and they will reflect in a way that maybe your eyes are unable to, your mind hasn't quite seen, because your life experience is simply different (mm) ... sometimes it's more comfortable to be a bit blind*

She is aware of the value of being listened to, as she describes above, but sets this alongside her knowing that it can be *more comfortable to be a bit blind*. Most of the other participants also referred to the value of being listened to as well as the difficulty in the later stages of their interview, and these expressions often had a sense of duty about them. It seemed that they felt obliged to show appreciation of the experience their therapists had provided but this was done after speaking from a more emotional place about the difficulty of being listened to. Participants mostly talked extensively at first of the difficulties and then, due to what seemed like an awareness of the need to express gratitude for the experience, acknowledged an understanding that it would help them. Alice, for instance, in the later stages of her interview, having talked extensively of how difficult she found it, spoke of recognizing it as *important* and *knew it helped a lot*.

Ambivalence in the participants was also shown, as referred to above, in the way they simultaneously wanted but didn't want to be listened to. It was as if the listening therapist was something they would step towards out of desire but be fearful of in case the experience was not what they had hoped for.

Alice, for instance, had repeatedly sought out therapy but found it difficult to attend sessions. She had only managed to commit to therapy for short periods of time before leaving. She spoke humorously of the ambivalence she felt due to knowing it would be helpful to be listened to but not wanting to attend.

it's like going to the dentist. You know, you know you need to go but it's like no-one likes it, right?

And then she also spoke of how it was precisely the experience of being listened to that she wanted but, due to the difficulty involved, reported not attending sessions or finishing therapy abruptly.

I know I wanted to talk to someone but every time I got close, I felt bad. I was worried they weren't going to listen to what I had to say properly

Being listened to and all it represents can remind the client of what has been, and may well still be, absent for them. It seems the listening therapist reminds them that they want to be listened to and to receive all it represents but then also brings about fear that this will not be forthcoming. (This is linked with Theme 2i, as will be outlined later).

Ambivalence about the experience of being listened to was reflected in some accounts by ambivalence about the experience of *not* being listened to. Heidi, for instance, had talked of her ambivalence towards being listened to but also her ambivalence towards *not* being listened to. She described being listened to with her previous therapist as

very deep. It felt kind of intense and hard but really good, like I was really working and getting somewhere

In her present therapeutic relationship however, she feels her therapist talks a lot and that, as a result, does not provide 'space' for her. She explains how she has ambivalence towards this:

I'm quite happy to sit back and let other people talk and I'm quite happy to let her do that, although I'm kind of not happy with it but it happens and I let it happen ... um ... but I think that's what I miss is someone who actually will sit back and not let me let them take over

The ambivalence that participants experience seems to change as the therapeutic relationship progresses. The participants described their ambivalence as often being most pronounced at the beginning of therapy and easing as a therapeutic relationship becomes established, if the therapy relationship is one in which they feel listened to and continue to attend. It seems it is also likely to be a stance that resurfaces more strongly at times when the therapeutic interaction raises difficult issues for the client. Marie, for instance, talked of how the experience changed for her:

So I think it was really good, once I could get over the pain of it

For some, the difficulty of the experience outweighed the value that was received. Alice had been clear that she had never stuck with therapy precisely because being listened to, and all it provoked, was too difficult to bear.

And for Mary, she felt her therapist lacked understanding of how difficult it was for her, despite the good progress they made. It was the difficulty that prompted her to stop attending:

on the one hand it was an experience, a good experience of somebody being listened to, but I think it felt a bit, humiliating slightly ... I think maybe he

didn't appreciate what a big deal that is it can be lovely, it can also be...very difficult

4.5.2 Super-Ordinate Theme 2: The Testing Ground

The experience of being listened to seems to be used by participants as a way of testing the therapist and testing all that listening represents for them. It can also act as a deciding factor in whether to commit to or continue with a therapeutic relationship with the therapist.

The difficulty and ambivalence participants describe experiencing, as outlined in the first super-ordinate theme, are linked to their accounts of being listened to providing a testing ground. Their lack of assumption that they will be listened to, and receive all that being listened to represents, which creates difficulty and ambivalence, results in them testing this in the therapeutic relationship.

This super-ordinate theme is made up of three sub-themes. They are outlined below, with extracts from the interviews to demonstrate how they arose from the data.

4.5.2.1 Sub-Theme 2(i): Is the Therapist Listening?

All participants, bar one (Sara), referred explicitly to the question of whether the therapist is listening. The majority (G, H, T, M, A, J) referred specifically to this being a question that they regularly considered while they were with their therapists. The participants' accounts suggest that participants commonly seek out evidence that the therapist is listening, while in the therapy session.

Grace, for instance, describes how she wonders whether her therapist is listening to her for most of the duration of each of her therapy sessions:

*I guess I feel quite insecure most of the time (mm) and I, I am very attentive to her reactions to me (mm, mm), um ... *clears throat* ... and really maybe monitoring, 'is she hearing me or is she listening to me?' (mm, mm) and when she, when I feel like, she, sometimes I feel like she isn't and sometimes I feel like she is (ok) ... and it can be quite, um, it can be quite, um, a hit when I feel like she hasn't listened*

So for Grace, as the above extract illustrates, she questioned whether her therapist was listening to her most of the time and felt insecure as a result of this. Being listened to is a difficult experience for her, as she is not able to trust that it is a given. She judged her therapist to be listening at times but not at other times. She felt it fluctuated and, in the moments when she felt the therapist was not listening, she felt wounded. Tash also referred to fluctuations in whether her therapist was listening during therapy but all other participants divided their therapists into those that listened and those that didn't listen. This will be discussed later within sub-theme 2ii.

Cassy wondered about her judgement in relation to her first therapist, the therapist she felt hadn't listened in an adequate way, and considered whether her expectations and early life experience as a young carer contributed to her way of experiencing.

I came with that sense of 'I'm not going to be listened to. I don't know if I'm going to be heard' (mm). And I spent quite a long time, I think, testing her, testing this therapist (mm) to see if she actually was listening, and whether she would stick around and whether she was bothered enough (mm) to actually hear what I was saying

Cassy is explicit here that she is aware that she tested her first therapist. She seems to translate evidence of the therapist listening into evidence that the therapist will not leave. She seems to imply that the therapist would not *stick around* if she wasn't motivated to listen. She wonders whether these

expectations had been shaped by her childhood experience. She reflects on her contribution to how she responds to her therapist.

For the most part though, participants talked of whether they felt the therapist was listening as being entirely due to the nature of the therapist they saw, rather than partly due to their own perception and expectations. Jo, for example, talked of one therapist she saw who she felt didn't listen.

it felt like she was more interested in drawing pictures for how to solve things, than actually listening to what I was saying and then, and then in the end I would just think ok I'm just going to agree with you because it, you're not hearing what I'm saying ... I guess it just doesn't work if you don't feel completely listened to

Jo seems to feel that her therapist had an agenda and therefore didn't attend and respond to what Jo said. She didn't feel her therapist was interested in what she spoke about and as a result gave up attempting to be heard by her. Jo was clear here that she believed it to be the therapist's lack of ability rather than her own expectations and reaction to the therapist that led to her not feeling listened to.

Heidi also spoke of how she felt one of her early therapists didn't listen. She seemed to feel her therapist, although kind, did not have the capacity to hear and understand her:

I'm sort of going through the motions ... and at the same time, not safe enough to really go very deep (mm) and that probably is because I don't feel entirely listened to (mm). I suppose I feel that she hears what I'm saying (yeh) but she doesn't. It's almost like she's got her own agenda and she doesn't see past that

It is the *capacity* of the therapist to listen that Heidi is questioning here. She feels her therapist didn't have the ability to listen to her due to being preoccupied with her own agenda.

The way in which participants judged whether their therapist was listening varied. It often seemed to be not only through observing whether the therapist heard what they were saying per se but also by judging how this was combined with other therapist behaviour and qualities. For example, they would take the therapist's offering of a response, recall of previous discussions or ability to use silence as indicators of whether the therapist is listening. It was not only a matter of knowing the therapist had heard the words they spoke but also witnessing that the therapist perhaps reacted with emotion to what they had heard or used what they had listened to in a response that resulted in the participants describing feeling heard.

Mary commented on how she observes her therapist:

there is a secret thing in knowing someone is really present and there though when they are listening that, [mm] that you can, you work out about their body language, their responses, about how engaged they seem, [yeh] about the comments they make as we said, and I think if you feel like its not authentic, then it's very hard to ...

She is trying here to articulate what it is that gives her evidence that the therapist is listening. She describes it as a *secret thing* perhaps because it is not an explicit part of therapy but happens as part of the testing process in an unspoken way.

When Cassy referred to what she found helpful about the way in which her present therapist listened to her, she said

it's the other person (therapist) not just hearing the words and registering them (mm), but reacting

The therapist reacting to what she has said seems to provide evidence that she has been listening. Earlier in the interview, when she considered why she didn't

feel listened to by her first therapist, she referred to her therapist responses not reflecting what she had said however

there were a lot of conversations where I would say something and I didn't feel listened to because of the response

So it is the nature of the response that is important for her too in helping her feel the therapist has been listening. She seemed to look for evidence that her therapist had understood her emotional experience. With her present therapist, who she did feel listened to her, she said

if there had been quite a long silence or something really difficult that had come out, and I would kind of be like 'ugh', and she would register (mm) my emotional cues in a way ... And acknowledge it, in her own way, you know not necessarily perfectly, but it would be heard. And she would make it evident that it was heard

So it seems, from participant accounts, that clients find their own way of judging and monitoring the therapist, observing different cues, as a way of gathering evidence that they are listening.

The next sub-theme, looks at how listening can represent other qualities in the therapist and the therapeutic relationship.

4.5.2.2 Sub-Theme 2(ii): Testing what Being Listened To Represents

As the interviews progressed, participants became aware that they aligned being listened to with other experiences, such as being cared for, accepted and understood.

Heidi, for example, spoke of how being listened to helped her to feel valued and accepted by her therapist, as illustrated in the quote here:

I think you end up feeling valued by someone who listens, who really listens to you (mm) and that was my experience with the first one. I would have carried on with her if I could. I felt very ... accepted, um ... and like she wanted to hear what I had to say, which was really important

It seems feeling valued and accepted as a result of being listened to would have encouraged Heidi to remain within the therapy relationship if she had been able to. Receiving what she perceived being listened to represented would have helped maintain the relationship.

If the participant perceived the therapist to be listening, they seemed to take this as a sign that the therapist cared for them and understood them as well. These experiences, brought about by being listened to, led to the participant feeling safe, emotionally understood and able to trust the therapist.

For Jo, her therapist's recall of previous conversations and details that Jo had shared helped her to feel listened to and then feel safe and trusting. She spoke of how she appreciated this experience. She had seen a number of therapists and prized the experience with one therapist who would regularly recall details that Jo had spoken about in previous sessions.

to be able to kind of, I don't know, to know you so well that they can, they can, they can remind you of something else you've said in the past or feelings you've had about something similar or things you don't like in somebody else, I think is, um, I think it's really reassuring and you feel like that person cares, um, and you feel safe and you, you can kind of build up trust

When her therapist was able to remember what she had spoken about in the past and link it to the present conversation, she was reassured that her therapist had listened in a way that meant she retained it and used it to understand her. This seemed to indicate to her that the therapist cared.

Therefore, the question of whether the therapist is listening also becomes the question of whether the therapist cares, values, accepts and understands them. It seems the client tests the therapist's qualities and abilities by testing their ability to listen and the way in which they listen. Cassy, below, talks of her need for validation and how the listening of her therapist provided this for her:

Why did I need her to? (mm). The first word that springs to mind, and I'm probably... yeh the first word is validation (mm, mm). That's the first thought, so just... that instinct of being believed ... I think it was the fact that she was validating what I was saying, as opposed to challenging it

4.5.2.3 Sub-Theme 2(iii): Division Between the Therapist Who Listens and the Therapist Who Doesn't

On the whole, participants seemed to answer the question of whether the therapist is listening in a binary fashion. Grace, as referred to earlier in Theme 2i, did talk of how she experienced her therapist as listening at times but not at other times. All other participants, however - particularly Cassy, Heidi, Mary and Alice - seemed to polarise their therapists into those that listened and those that didn't. All participants had seen more than one therapist and were able to make comparisons.

Participants spoke of deciding whether to continue or finish with their therapy relationships, based on whether they judged the therapist to be listening. Heidi, for instance, as explained in the section above, had wanted to continue with a previous therapist due to feeling that she had listened to her and expressed regret that the therapeutic relationship had to finish due to a geographical move. Her desire to return to the past therapist was due not only to the fact that she felt listened to but that she felt *valued* and *accepted* as a result. It is what being listened to represented to her that contributed to her wanting to continue, as explained in sub-theme 2ii.

Her present therapist frustrated her and Heidi felt that she didn't listen. Her therapist's responses led her to believe she wasn't listening. During the interview, Heidi reflected on this and talked about wanting to leave.

she'll ask me questions that I don't think are relevant and are sort of judgemental (mm, uh-huh), um ... or, or she'll try and reassure me. And I think it shuts things down (mm) and I guess that is part of not feeling listened to ... it feels as though the feeling that she's not listening (mm) just stops me wanting to explore it, to explore what I'm talking about any further (mm). It just shuts it down

It seems that her present therapist's responses act as evidence that she is not listening rather than listening. The client may seek evidence that the therapist is listening but also find what they perceive as evidence that the therapist is not listening. In Heidi's case, the perceived evidence that the therapist doesn't listen is leading her to consider ending the therapeutic relationship. It seems once a conclusion has been reached for her, this will act as the deciding factor.

Mary also spoke about her therapists in a way that made it clear she polarised them in relation to whether they listened or didn't listen

they either do or they don't. It can take a while to figure it out, when you're the person talking, and I guess it's not always that clear, (mm), well, certainly not straight away, but it does show They either listen or they don't. Some pretend to listen

She seems to feel that therapists either listen or don't listen and it is case of figuring out which category they fall into. She doesn't speak, as Grace had done, of the therapist's ability or capacity to listen changing.

4.5.3 Super-Ordinate Theme 3: Being Together and Being Alone

During the early stages of the analysis, there appeared to be a contradiction in the accounts given by participants as they described the experience of being listened to. At times, they described it as a way of being together with their therapist and, at other times, described it as a way of being alone. On closer examination of the transcripts, it became clear that participants were speaking about how they used the experience of being listened to by their therapist to do both. Sometimes, they experienced being listened to as a way of being together with their therapist and sometimes as a way of being alone and they needed to move back and forth between these two experiences. This will be outlined in further detail below, with an explanation of how the movement back and forth enables therapeutic change.

4.5.3.1 Sub-Theme 3(i): Being Together

Being listened to can be experienced as one of being together, either as an act of collaboration between the client and therapist or as an experience of the therapist attending to the client - with care, interest, understanding and acceptance – and the client being able to receive this. According to participants' accounts, this is an experience they seek and hope for in their therapy. When asked what value being listened to in therapy had for them, a number of them responded that it was gaining a sense of being together with their therapist that they valued. Sara explained the sense of togetherness she had experienced and values as follows:

we want to explore, there is all these closed suitcases in the cellar and the attic and together we are going to open them very slowly and coping with the fear

She seems to be referring here to memories stored away, which she would be fearful of recalling if she were alone. With the therapist, she seems able to cope

with doing so. It is the sense of togetherness that enables her to venture into the 'cellar and the attic' and open the 'suitcase' of memories.

Some participants referred to the necessity of mutual engagement in the experience of being listened to. The client needs to be in state of readiness and so does the therapist. Both need to be in a state of openness.

Marie, for example, talked of needing the therapist to be emotionally involved and to be able to be vulnerable and open in the therapeutic relationship, along with her. She felt this was vital in enabling her to also be vulnerable and make use of therapy:

I think the best people (therapists), or the best times is when people are, show a bit of their own, or show their own vulnerability a bit, [mm] otherwise I think the balance is too great, it's not a real ... to know something about the person you're talking to, I know it's nice to be the person being listened to, but I don't think it can be completely into a vacuum, 'cause otherwise it doesn't feel like [yeh] easy to trust ... Hm, I prefer conversation than just me talking

Being together with the therapist, through the experience of being listened to, seems to be part of the test. If the therapist is willing and able to be together with the client through the listening process, and through it's interrelatedness with other therapist qualities, the client can then trust the therapist and feel safe enough to draw their attention away from the therapist and their relationship with them to then focus on themselves. This shift will be explained in relation to the next sub-theme.

4.5.3.2 Sub-Theme 3(ii): Being Alone

Participants also described the experience of being listened to as one that enabled them to be alone. A number of them referred to it as allowing them to listen to themselves.

Alice stayed with this subject for much of her interview.

So it's more me (mm) and sort of with myself ... it's how it makes you feel to be in that position ... it's more that it puts you in a position of having to listen to yourself

For some of the participants, they had spoken about the sense of togetherness being listened to achieved but then also articulated how at times they were less aware of the therapist and how they were focused on themselves and their own experience. Tash articulated this as follows:

I am almost aware of her [therapist] but not really. She is on the periphery and to the side, not in my line of vision. It's like I'm standing on my own, observing myself and in some ways it's like being immersed in oneself, only experiencing yourself and forgetting about everything else. That happens sometimes

It seems that the moment Tash describes above is one in which Tash feels alone but feels observed, and perhaps watched over, by her therapist while she is in this state of being alone.

Sara spoke about how this ability to be alone with the therapist is unique to the way in which one is listened to in therapy. In other conversations, the way one is listened to does not create the ability to be alone:

you have to go completely inside and then something comes out ... when you are in therapy [mm] I think you can do this really deep deep search, of what

is really, its because you kind of really lower yourself into a deep well, and this is when you are just with yourself, your opposite doesn't really exist anymore ... a therapist I can push out ... I'm on my own search, [mm mm] and that's a completely different dialogue, actually it ain't no dialogue, it is, the facility of being in touch with me ...

When she states 'a therapist I can push out', she seems to be saying that she can turn her attention away from the therapist because she doesn't have responsibility for the therapist in the way she would have for a listener in a non-therapy conversation.

She also spoke about the sense of safety the therapist provided and how this also allowed her to be alone in the listening experience:

sometimes when you go deep down, you discover things which are scary, but the analyst, if you trust them, gives you that position that if you fall, I catch you before you fall, and that's this, that's this interesting safety net which gives you the chance to go much further than you would on your own ... that listening being there, the physical existence of the therapist, um, was kind of like a working backwards, down, down, down, down, down, 'til I was, there, at the bottom of the well, and then she didn't exist, nothing exist, I was with me, so even the awareness of her in the room, I don't know maybe, but its being completely in touch with myself, so I don't know where the word listening then comes in, because it becomes a listening to myself ...

As she states more simply:

his listening made it possible for me to listen to myself

Alice seems to refer to the position of being alone in the listening experience as being where the therapeutic work is done. As quoted earlier, she spoke of therapy as being *more like you processing it yourself and making sense of it yourself*. She spoke of the effort required in doing this:

So, it's not, I don't really see it as listening. It's, it's more you listening to yourself ... so it's more me and sort of with myself (mm) if you know, you know what I mean ... It's hard work

This suggests the therapist's task is to provide an environment where the client feels safe to do the work herself. This links to the final sub-theme, outlined below.

4.5.3.3 Sub-Theme 3(iii): Creating Transition

As outlined above, in sub-theme 3i and 3ii, participant accounts of being listened to described the experience as a way of being together with their therapist and also as a way of being alone. As explained earlier, this at first seemed to demonstrate a divergence of ideas in the data. Stepping back from the detail within the data however enabled a perspective that produced an understanding of the shift that can take place between being together and being alone in the experience. It seems that participants value both ways of experiencing being listened to and move between the two. It seems that both positions are necessary, although they function in different ways. The experience of being together with the therapist builds up the sense of trust and safety, which allows the client to move to being alone as they are listened to by their therapist. Whilst they are in the position of being alone, they are then able to attend to their internal experience. The participant may oscillate between these two positions. They may return to the position of being together with the therapist, as a way of re-testing the therapist, at points of feeling anxious. The ability to move back and forth between the two allows movement in the therapeutic process.

Sara described this as follows:

it's almost like closing your eyes and you look inwards, and then you try to express how you feel, the opposite doesn't really exist anymore, so it

becomes a monologue, it becomes [mm] a surge in which you are on your own, because you have to try, or you want to try to get in touch with down there [mm] this abstract, this swimming around of feelings

Sara is speaking here about the shift that takes place from being with the therapist to being alone. The point at which she metaphorically closes her eyes and looks inwards takes her to a place where she is on her own. The therapist no longer exists in her mind and she is able to focus on her internal experience.

Heidi talked about the importance of being able to bring about her own therapeutic change and how this is facilitated by the listening therapist:

there's something about realising it for yourself rather than being told it (mm) and that's the process of being listened to I think. I think that's what's so important (mm) ... you come round yourself to realise (mm) whatever it is you're talking about (mm) ... and often that feels like that person gave you that or like they've told you something but actually they've just sat with you (mm) and held you while you're (yeh) exploring and helped you explore

Finally, with a quote from Cassy, it is illustrated here how being listened to can begin the process of therapeutic change:

being heard gave me a voice as well (mm). It gave me the courage to then be vulnerable (yeh) ... and also the courage to say 'that was just shit, actually that was just really awful' ... and it was being heard that started the process

4.6 Personal Reflections on the Analytic Process

Despite aiming to place assumptions aside as the researcher on this project, I became aware once participants began to talk about their experiences, and then more markedly so whilst analysing the transcripts, that I had expected

participants to talk about 'being listened to in therapy' in a positive way and to reflect on and describe how it had helped them. Due to what they spontaneously spoke about, which was in contrast to what I had expected, I became aware of my assumptions.

What emerged from analysis of the data was quite unexpected for me. The participants spoke largely about the difficulties that arose in the face of this experience and about their ambivalence towards being listened to (Theme 1i and 1ii). The reports people gave were interspersed with talk of the helpful side of the experience but focused on the difficulties it posed for them. They did speak of the value of the experience once a transition (Theme 3iii) had occurred across the therapy process but in the early stages, it seems to have been more often described as provoking difficult thoughts and feelings, as the themes and quotes illustrate. My expectation was also turned on its head by the frequency with which the participants found it hard to talk about the experience of being listened to as a distinct aspect of therapy. A tendency emerged for the participants to link 'being listened to' with other aspects of the therapy experience. I hadn't anticipated how much they would struggle to reflect on and articulate the experience. It seems that this was due to the fact that being listened to is an experience which is intertwined with many other aspects of therapy and is therefore difficult to speak about in isolation.

On reflection, I believe my expectations had been set by my own personal experience of being listened to in therapy. For me, it had been an extremely helpful aspect of therapy, corrective in the face of my earlier life experience.

Chapter 5

Discussion

5.1 Overview

The aim of this research study will be revisited at the beginning of this chapter. The findings that emerged from the data are then examined in relation to the aim of the study. The potential impact these findings may have on existing research, clinical practice and theory will be discussed, and the strengths and limitations of the study noted. Finally, suggestions for potential future research are presented.

5.2 Themes

The aim of this research study was to gain an in-depth understanding of how clients experience and make sense of being listened to in therapy. The study pursued clients' perspectives and understanding of their experience, as gathered and interpreted by the researcher. This was done with the purpose of contributing to psychotherapy research, within the discipline of counselling psychology.

The analysis of the data that was gathered from participants allowed themes to emerge that highlight the complexity of the experience of being listened to for the client and develop understanding of this aspect of the therapy process, as outlined in the previous chapter. The findings, at times, support existing research and theory but, at other times, challenge and extend it, as discussed below. They could potentially be used to increase practitioners' sensitivity and ability to work with the client's experience in therapeutic practice and also to enhance training of practitioners, as discussed below in relation to each superordinate theme.

These suggestions are made tentatively, as is appropriate for the findings of an IPA study (Smith, Flowers & Larkin, 2012).

5.2.1 Difficulty and Ambivalence in the Face of Being Listened To in Therapy

The first superordinate theme describes the difficulty and ambivalence participants can experience in the face of being listened to by their therapists. Although the participant sample for this study was small, every participant was forthcoming in articulating the difficulty they faced by being listened to in therapy, which suggests that the experience could commonly be a difficult one for clients. If this is the case, it does not refute the research that positions being listened to as a valuable aspect of therapy or the assumption that it is so; its' value is not challenged by this finding. It does suggest, however, that it would be helpful for the therapist to be aware of how potentially difficult it can be for the client to be listened to, even if it is valuable, and to take this into account and understand why it might be the case. It would also be helpful for therapists to recognise any related ambivalence in their client and help them notice, articulate and understand it, as it is a state that can raise anxiety. Marie, one of the participants, refers in her interview to the lack of awareness she felt her therapist had of how difficult the experience of being listened to was for her. She stated at one point that 'he didn't realise what a big deal that was' when referring to 'how humiliating and exposing' the experience was. A recent meta-analysis of the qualitative literature on clients' experiences of psychotherapy conducted by Levitt, Pomerville and Surace (2016) proposed a future agenda which directed research towards 'heightening therapists' understanding of clients'. It was conducted so as to 'improve therapists' sensitivity to clients' experiences and ... expand therapists' attunement and intentionality in shaping interventions.' The first key finding of this present study can contribute to this aim. It could improve therapists' awareness of client's experience in therapy, particularly in relation to the central experience of being listened to. It can contribute to understanding the impact of the experience of being listened to as well as its potential outcome. If

being listened to is part of the therapeutic approach, then *how* it is experienced needs to be understood as well as the how it contributes to the outcome itself. It must be the responsibility of practitioners to understand how their presence is experienced as well as what it achieves.

Practitioners who use a psychoanalytic or psychodynamic approach may be more alert to difficulty and ambivalence experienced by the client, due to the theoretical framework within which they work. The concept of negative transference is likely to make psychoanalytic or psychodynamic practitioners more aware of the potential discomfort or suffering that the client could experience in relation to being listened to in therapy. The idea of the unconscious being revealed when the analyst allows silence also suggests that being listened to could be difficult for the client. Lucy Holmes states (2008), 'Consider what happens when we ask the patient to say everything. We are inviting the patient to convert into language powerful electrical impulses pulsing up from the unconscious ... free association invites the repressed impulses to surface and creates words.' She suggests that when we listen to the client, we are inviting the primitive part of the human brain to be activated and revealed. Kahn (1997) also names and addresses the difficulty the client faces when the psychodynamic practitioner listens in a way that allows a great of silence and neutrality as a tool. Although silence and neutrality is theoretically justifiable, he argues that it is consequentially damaging at times. Cassy discusses this precise difficulty in her interview. She experienced her therapist's neutrality as problematic.

Although counselling psychology encompasses a psychodynamic strand to it's training, this does not seem to have impacted on training counselling psychologists in developing their awareness of the potential level of difficulty and ambivalence the client could experience. As discussed in the literature review in Chapter 2, listening skills are taught with the assumption that, if the therapist is able to do this well, it will be of benefit to the client. There is, in fact, literature that suggests that therapy can cause harm as well as create positive change however. Binder (1993) states that 'an adage now accepted in

psychotherapy research is that any intervention sufficiently powerful to help can also potentially harm'. Understanding how being listened to is experienced and being aware of potential difficulties that could impact on the client is therefore vital.

5.2.2 The Testing Ground

The second superordinate theme that emerged from the data pointed to how participants used the experience of being listened to in therapy as a way of testing the therapist and other related aspects of the therapy relationship. Participants seemed to test whether the therapist was listening and also use this as a way of testing what being listened to represented to them. A number of participants referred to this guiding them on deciding whether to remain in a therapeutic relationship or to end it.

Myers' (2000) qualitative study on empathic listening, as referred to in the literature review in Chapter 2, found that the participants who took part in her study appreciated signs that the therapist was listening – paraphrasing, clarifying, questioning and remembering details in particular. This present study echoes Myers' findings. The participants in this present study also referred to particular therapist actions that provided evidence of their listening. They spoke of how a simple response or recall of previous discussions would be reassuring and help them feel cared for.

Graybar and Leonard's (2005) description of what being listened to provides is echoed in the data generated during this study. As described in the literature review in Chapter 2 earlier, Graybar and Leonard described the experience of being listened to as one that provided a sense of safety and belonging, and that clients felt understood and valued as a result. The sub-theme 'testing what being listened to represents' reflects this description. Participants described being listened to as giving them a sense of being valued, accepted, cared for and understood.

It seems that when a therapist listens, they may be also be providing other appreciated experiences. Theodore Reik (1951) urged psychoanalysts to listen with “the third ear”. By this, he meant the listener should not only hear with his ears but with all his senses. This suggests analysts do more than listen with their ears. They listen with other senses. They offer more than the physical act of listening. It is more of an experiencing the other person in that moment.

The tendency that participants showed to divide therapists into the ones that listened and the ones that didn’t listen may reflect the wider tendency of clients to divide therapists into good and bad. This could be linked to object relations theory (Klein, 1952; Fairbairn, 1952) and the tendency in some clients to experience others as good or bad, rather than possessing both good and bad qualities or qualities that could be described as either.

5.2.3 Being Together and Being Alone

The third, and final, superordinate theme describes how participants spoke both of experiencing being listened to by their therapists as a way of being together with them but also as a way of being alone with themselves. This had at first, as explained in the analysis section, seemed like a contradiction in the data but, on closer examination, appeared to articulate how the participants experienced being listened to in different ways at different times.

It seems that the client uses the experience of being listened to be together with the therapist in a collaborative act and also to test the therapist (as discussed in theme 2) by testing whether they can be together. Myers’ (2000) clients expressed how they valued the therapist creating a safe space. It seems this seeking of an experience of being together in the listening experience does the same.

Without an understanding of what is happening for the client internally, the suggestion that the client experiences being listened to as a way of being alone

would seem paradoxical. However, a number of participants suggested that being listened to by their therapist allowed them to be alone with themselves, some suggesting it allowed them to listen to themselves and gave some understanding of how this occurred. It seems that participants sought out the experience of being together with the therapist in the listening experience and securing this as a way of feeling safe before allowing themselves to experience being alone.

The idea of being listened to providing the client with a way of being alone could be linked to Winnicott's paper on the 'capacity to be alone' (1958). Within the framework of object relations theory, the idea of a 'non-intrusive background presence of a mothering figure' allowing the baby to be alone and this strengthening the ego seems to echo what can be provided by the therapist in the therapeutic process. Winnicott (1958) suggests that the 'opportunity that the baby has to experience separation without separation' comes when the mother is with the baby but in a way that allows the baby to be without her, at the same time. This seems to be the state that participants have referred to when they describe the experience of being listened to as one of being alone and being able to listen to themselves.

As suggested in the findings in Chapter 4, movement between being together with the therapist and being alone, in the experience of being listened to, seems to enable transition in therapy. An awareness of the different positions the client takes up in relation to being listened to may enable the therapist to understand their client's experience in more depth and help them to make decisions about how to listen in response to how the client is using their listening at different points in therapy. Within an attachment-based approach, this movement may be understood in terms related to attachment theory. The creation of a secure attachment – being together as referred to in the present findings – enables the client to explore themselves and the world - the state of being alone as described in this present study.

A person-centred perspective can also be detected in this sub-theme. As stated in the Handbook of Person-Centred Psychotherapy and Counselling (Friere, 2007) 'If the client finds herself really listened to in this intense, sensitive and deep way, she begins to listen to herself more' and Rogers (1975) wrote 'Being listened to by an understanding person makes it possible for (a person) to listen more accurately to himself'. According to a number of the participants who took part in this study, this is the case.

5.3 Summary Comment on Findings

In summary, the findings of this research study have brought attention to clients' perspectives on how being listened to is experienced in therapy. As has been described above, the use of a qualitative approach to investigating the experience of being listened to from the client's perspective, has allowed for the complexity of the experience to be illustrated. In brief, it has challenged the implicit assumption in much of the literature that regards the experience of being listened to as a solely positive experience and defined it as one that can be experienced as difficult and with a sense of ambivalence as well. It has also begun to articulate how the experience of being listened to is a central function in maintaining the therapeutic relationship and facilitating therapeutic change for the client. As such, it can contribute to the body of knowledge that aims to explain how the process of change occurs for the client in therapy.

5.4 Strengths and Limitations of the Research Study

As stated in the summary comment above, one of the major strengths of this research is the counter-intuitive nature of the findings. The research approach that was adopted allowed exploration of the clients' perspectives, with relative freedom from prescription regarding areas of discussion. The open-ended approach to questioning the participants and the gentle encouragement of the participants to bring their own concerns and perceptions created accounts of

their lived experiences that presented original findings. The discovery of the extent of the difficulty experienced by clients in the face of being listened to by their therapist and the resulting ambivalence was unexpected and would not have been discovered had a quantitative approach been used. If questionnaires had been used, for example, this would have defined the areas of examination and perhaps limited the findings to what the participants found useful about being listened to in therapy, due to the researcher's assumptions.

Another strength to be noted is the fact that the participants involved were non-therapists (aside from one participant who was a trainee psychologist). This assisted in the aim to avoid prevalent psychological constructs dominating the interview discussions. Instead the participants were able to describe their experience in diverse ways.

Regarding limitations of the study, greater attention could have been given to the nature of the therapy that the participants received. A more detailed understanding of what therapy experience they had received and how their experience with their therapist might have impacted on the experience of being listened to might have been helpful. Participants saw counsellors, therapists and psychologists. It would have been preferable for the study to focus on clients who had worked with counselling psychologists only, so as to contribute in a more relevant way to the counselling psychology literature, or for focus to be on one therapy approach for greater homogeneity in the sample.

A possible bias in the recruitment process arose, due to self-selection. A number of those that put themselves forward for the interview were curious about the subject and interested in psychotherapy and how it works generally. The enthusiasm and interest the participants expressed for the subject was noted by the researcher. This drew participants to taking part and may have impacted on the findings. Out of the participants who came forward, Alice seemed to be the only participant who didn't have this same expressed level of interest. In fact, she displayed ambivalence towards being involved, which reflected her attitude towards being listened to in therapy, as she spoke of in her interview.

A final identified limitation is that the research was conducted by a trainee psychologist, who had experienced a number of years of the phenomenon under investigation. This will have had implications for the task of 'bracketing' during the interview process and the analysis of the data. It can also be noted however that qualitative research has often been carried out from the position of having an insider's experience (Smith, Flowers and Larkin, 2012) and there was value in this as well as it being a challenge.

5.5 Implications for Training, Clinical Practice and Future Research

The way in which findings from an IPA research study are applied to a wider population is done tentatively (Smith, Flowers & Larkin, 2012). It is appropriate to suggest generalisations, which are based in the particular, but to do so with caution. The sample size in an IPA study is necessarily small and the data is co-constructed by the participants and researcher. The participants who were interviewed provided accounts of their individual experiences of being listened to in therapy but they are not considered to be objective truth. They are considered to be the participants' subjective truth and perhaps reflective of the truth of the wider population.

In the case of this present study, it could be argued that further research of the experience of being listened to in therapy is required before these findings could be used to make change to training, supervision and therapeutic practice. However the findings are of value however and some tentative suggestions regarding their implications are outlined below.

These findings raise important questions about how therapeutic practitioners understand the phenomenon of being listened to. They challenge the simple conception of being listened to as positive and unproblematic for clients as they point out the potential difficult and ambiguous dimensions to clients' experiences. This suggests that therapists both in training and in practice may

need to reconceptualise the phenomenon of being listened to as more complex than they had perhaps previously thought. Crucially, this indicates that sensitivity to the client's perspective is key and awareness that this perspective may be different to what is readily assumed to be the case. It also places the phenomenon of being listened to as a potential issue for discussion within therapy so that the client's – possibly complex, multi-faceted and emerging – conceptualisation of being listened to can be articulated and understood.

The findings further underscore the ways in which being listened to can be used as a framework through which clients make sense of their therapeutic world. Both the therapist and therapy may be perceived and assessed through the lens of being listened to. This can again inform training and development such that therapists are aware of the central importance that perceptions of being listened to can have for clients. Awareness of this might make it appropriate in some circumstances for a therapist to explore such perceptions with the client – this might not only be relevant at crucial decision points such as commencing or terminating therapy but also within the ebb and flow of ongoing therapy. It may be that allowing a safe and non-judgemental space for the client to voice concerns and perceptions in regard to being listened to can help the therapeutic relationship more than simply listening – or endeavoring to listen more acutely – by itself can.

Finally, the findings indicate that within the therapeutic encounter the experience of being listened to is complex and to some extent counter intuitive. Whilst it is perhaps commonly understood that the experience of being listened to can provide a sense of being with the one who is listening (in this case the therapist) it is rather less obvious that it can provide a space for the client to *be alone*. An awareness of this possibility, again supported through training, supervision and professional development, could provide an additional dimension of sensitivity on the part of the therapist. Awareness that the client can be supported in *being alone* may in turn support the therapist in creating and sustaining such an environment and in appropriately transitioning the client into and out of this way of experiencing being listening.

5.6 Suggestions for Future Research

As with an IPA approach to research, the findings of this study may reflect or inform the experience of the phenomena of being listened to in therapy by the wider population. Further research, establishing whether the findings of this particular study do reflect the experience of the wider population, may build a case for a greater awareness of how being listened to is experienced in therapy to and the part it plays in the therapeutic process being built into counselling and psychotherapy trainings, for the reasons described above.

Individual research studies focusing on the key findings – the difficulty and ambivalence potentially faced by clients; the way in which the client tests the experience of being listened to and uses it as a guide as to whether to commit to or continue with the therapeutic relationship; and the way in which being listened to can be experienced as a way of being with the therapist and a way of being alone, with movement between these two positions allowing movement towards therapeutic change – could provide substantiation.

Regarding the present study, the participants who took part had experienced therapy of different orientations, both within the group of participants and also as individuals. Focus on gathering data from participants who had experienced one approach, perhaps person-centred where the listening aspect of the therapy experience is prized, would give findings from a more homogenous sample.

For a larger scale study, the impact of being listened to by therapists of different approaches would also potentially develop understanding further and provide depth of knowledge to be incorporated into training and practice.

A paper by Castro, Kluger & Itzchakov (2016) describes how being listened to can increase a person's sense of psychological safety but to a lesser degree if the person is of an avoidant attachment style. There seems to be a limit on the

benefit that can be received if person is of this attachment style. This alludes to the possibility that being listened to is experienced in varying ways, depending on attachment style. This would be a potentially valuable area of future study and may clarify why being listened to is experienced as a difficulty and prompts ambivalence in the client.

5.7 Personal Reflections

In the current climate, with the push for economically viable therapy for a greater proportion of the population, the threat of limits put on human input into therapy could threaten the availability of the listening therapist. As Graybar and Leonard (2005) were inspired to state a case for listening and its role in establishing and maintaining psychotherapeutic relationships, I also felt it would be worthwhile to contribute to gathering support for the case for the human listening ear.

The present movement, which promotes the human element of the therapeutic relationship, particularly that which is bolstered by attachment theory and the evidence it has established in support of human attachment in good relationships and effective psychotherapy, appeals to me. My personal experience of therapy has been one in which being listened to was valuable and in contrast to my early life experience. I can sense that my drive to commit to the subject of this study was borne out of having experienced an absence of being listened to in childhood and feeling that being listened to in therapy helped me overcome the difficulties this created for me.

A concern I had about using the IPA approach as I was conducting it was how to strike a balance between bracketing my presuppositions so as to receive the accounts of the participants with the curiosity and sense of newness that assists in examining the data and allowing my interpretative ability to be used. It does seem now that this tension is what created the ability to interpret well. By

adopting the necessary stance for an IPA study, I became more aware of my assumptions and these assumptions are ones that are embedded in training and therapeutic practice. The assumption that being listened to is a positive aspect of therapy is the basis upon which this study was planned. I had assumed it was positive aspect and wanted to understand how it contributed to therapy. In the event, my own assumption got turned on its head and enabled me to detect the assumption that is embedded in much of the literature. Overall, the experience of conducting an IPA study, with the openness it allows for the researcher to bring their understanding, interpretations and abilities, has been an enriching and stimulating experience.

Chapter 6

Conclusion

This research set out to investigate the experience of being listened to in psychotherapy per se, as described and understood by the client.

Existing research on the listening aspect of therapy has, to date, focused on listening conceptualised as a skill and on listening as interrelated with other aspects of the therapeutic experience. This research seems to have been conducted with the implicit assumption that being listened to in therapy is a positive experience for the client and has not researched the experience of being listened to per se. The aim of this present study is to focus on the client's perspective, rather than on listening conceptualised as a skill and to examine listening per se, rather than as related to other aspects of therapy.

IPA was used as the chosen qualitative study, with 8 participants interviewed about their experiences of being listened to in therapy. The interviews were transcribed and analysed in detail. The research findings, as structured into super-ordinate and sub-themes and explained in detail in chapter 4, illustrate the complexity of the participants' perspectives. The findings that emerged, as is the case when findings are derived from an IPA study, can be generalized to the wider population but must be done so tentatively (Smith, Flowers & Larkin, 2012). They show how the participants involved in this study describe and interpret their experiences of being listened to in therapy. They demonstrate the following: how clients may find the experience of being listened to as difficult and have ambivalence towards it; how clients may test whether the therapist is listening and all that listening represents for them and use this as a way of gauging whether to commit to or continue with therapy with their therapist; and clients can experience being listened to as a way of being together with their therapist and also as a way of being alone and being able to listen to themselves,

moving between these two ways of experiencing being listened to in a way that can facilitate movement and change in the therapeutic process.

What these findings individually and collectively suggest is that being listened to in therapy is a more complex and multifaceted phenomenon than had been suggested in previous literature. First, and without negating the value received by the client, they challenge the notion that being listened to is an unproblematic experience for the client and thereby indicate that therapists in their training, supervision and ongoing professional development should be made aware of and sensitive to the different ways in which being listened to can be experienced by clients.

Second, whilst challenging the notion that being listened to is an unproblematic experience for the client, the findings nonetheless place it as an important criteria through which clients assess their therapist and the potential value of their therapeutic encounter. They suggest that therapists, both in training and practice, are not only made aware of the phenomenon's complexity but also its importance in terms of impressions that the client forms about the therapist and therapy.

Third, the findings articulate some of the dynamic processes that occur within, and as a result of, the experience of being listened to. Somewhat paradoxically, the phenomenon of being listened to can provide the client with a sense of being with the therapist and also with a sense of being with alone. The client can oscillate between these two positions, allowing movement and therapeutic change in the therapeutic process. This articulation of an aspect of the therapeutic dynamic challenges conceptions of being listened to as simply promoting an increased sense of being with the therapist and instead highlights the complex and seemingly contradictory therapeutic processes that are entailed.

Together, these findings have encompassed affective, cognitive and interactional dimensions of being listened to and suggest a more complex conception than

that which is currently prevalent. In addition to the implications that have been indicated for training, supervision and ongoing professional development, the experience of being listened to and what it means for the client may indeed be a relevant focus within the therapeutic encounter itself. The client might invite and listen to the client's own individual and in situ articulation of what being listened to means for them in that moment.

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Appendices

This section contains the following Appendices:

Appendix 1	Participant information sheet
Appendix 2	Participant consent form
Appendix 3	Participant debriefing form
Appendix 4	Analysed transcript of Cassy's interview
Appendix 5	Frequency table of emergent themes

Appendix 1



An Investigation Into The Experience of Being Listened To In Psychotherapy

The aim of this study is to explore client's experiences of being listened to in psychotherapy and to gain an understanding of what value and meaning clients place on it as part of the therapy they receive.

So as to conduct this research, I will be individually interviewing ten people who have received or are receiving psychotherapy. The interviews will take place at the University of Roehampton or at the place where you visit your psychologist, will take approximately one hour and will be audio-recorded. Once conducted, the interviews will be transcribed and analysed. Data from the study will be stored in an anonymised format for an indefinite period of time. It may be used in a published format in an academic journal in an anonymised form.

The interview is open to people who are at least 18 years of age and have received or are receiving psychotherapy. I would be grateful for your participation. However it is not necessary that you do so and, if you do take part, you can withdraw at any time. If you do not wish to participate, this will not adversely affect your treatment in any way.

There is no payment involved in taking part and you can withdraw from the interview at any time.

The project has been approved under the procedures of the University of Roehampton's Ethics Committee.

If you would like to take part or have any questions about this research, please contact the researcher, Monique Proudlove at proudlom1@roehampton.ac.uk or on 07505 285656

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies). However, if you would like to contact an independent party please contact the Head of Department.

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Appendix 2



PARTICIPANT CONSENT FORM

Title of Research Project:

An Investigation Into The Experience of Being Listened To In Psychotherapy

Description of Research Project and What Participation Involves:

The aim of this study is to explore client's experiences of being listened to in psychotherapy and to gain an understanding of what value and meaning clients place on it as part of the therapy they receive. The participants involved in the study will be interviewed by the researcher in depth (approximately one hour) either at the University of Roehampton or at the place where they receive psychotherapy. These interviews will audio-recorded, transcribed and analysed.

Researcher Contact Details:

Name	Monique Proudlove
Department	Counselling Psychology
University Address	University of Roehampton, Holybourne Ave, Roehampton, London
Postcode	SW15 4JD
Email	proudlom1@roehampton.ac
Telephone	07505 285656

Consent Statement:

I agree to take part in this research and understand that the data will be collected and processed in accordance with the Data Protection Act 1998 and with the University of Roehampton's Data Protection Policy. I understand that the information I provide will be treated in confidence by the researcher and I give consent for the findings to be published in an anonymised form, protecting my identity.

I am aware that it is not compulsory to take part and that I am free to withdraw at any point without giving a reason and that this will not affect my treatment.

Name Signature

Date

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies.) However, if you would like to contact an independent party please contact the Head of Department.

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Appendix 3



Debriefing Form

An Investigation Into The Experience Of Being Listened To In Psychotherapy

Thank very much for participating in this research

The study you have been involved in is examining the experience of being listened to in psychotherapy and what value and meaning the person attaches to this experience. Your interview will contribute to the data collected for this research.

If you have any questions or concerns regarding this study or if you wish to withdraw from the study, please contact the researcher.

Researcher Contact Details:

Name	Monique Proudlove
Department	Counselling Psychology
University Address	University of Roehampton, Holybourne Ave, Roehampton, London
Postcode	SW15 4JD
Email	proudlom1@roehampton.ac.uk
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If the interview caused upset or distress in any way, please contact the researcher or Director of Studies for support and help with finding appropriate further support if necessary.

Alternatively, if you would like to contact an independent party, please contact the Head of Department.

Director of Studies Contact Details:

Dr Janek Dubowski
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Descriptive - focused on describing the content of what the participant has said
Linguistic - focused on exploring the specific use of language
Conceptual - focused on engaging at a more interrogative and conceptual level

Emergent Themes	Line	Original Transcript	Exploratory Comments
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<p>I: So, I know you read the information, but just to summarise, um, what we are going to talk about (uh-huh). We are going to look at your experience of being in therapy (yep) so I want you to start thinking about that experience and how it is for you (uh-huh), how it makes you feel. And we are going to particularly look at the experience of being listened to in the therapy. That's, that, that aspect we're going to focus on. But we can talk around that as well</p> <p>P: Sure</p> <p>I: Um, so we're going to explore it, possibly over the next hour. And um, I'll do some guiding, but you can talk very freely about what comes to mind and what you feel is most important about that aspect (okay). So it's how you experience it, that's what I'm most interested in (uh-huh), yeh, rather than the questions I'm asking you about it. So I'll ask questions to try and</p>	<p>C is deliberate in her way of speaking throughout the interview. She articulates her thoughts carefully and in a highly considered way. She is commanding in her style. I wonder whether she does this to ensure she will be heard.</p>

Descriptive - focused on describing the content of what the participant has said

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Conceptual - focused on engaging at a more interrogative and conceptual level

	31	encourage you I guess if you get a bit	
	32	stuck and you're not sure what to say.	
	33	But I'm really interested in how you	
	34	experience being listened to	
	35		
	36	P: Sure	
	37		
	38	I: Um, so perhaps first of all if you let	
	39	me know, you're in therapy at the	
	40	moment?	
	41		
	42	P: Yeh, that's right	
	43		
	44	I: And how long for? How long have	
	45	you been going?	
	46		
	47	P: So that was since, um, let me think,	
	48	er, there's been a bit of a pause. So it's	
	49	been constant since, um, January of	
	50	this year (uh-huh), so 2016.	
	51		
	52	I: Mm, yeh.	
	53		
	54	P: No actually that's not true, January	
	55	2015, I'm sorry	
	56		
	57	I: Oh, okay so much longer, yeh.	
	58		
	59	P: So a year and a half and then	
	60	before that for about 2 or 3 months with	
	61	the same person. There was a gap of 5	
	62	months (mm). So basically I was on a	

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	63	placement outside of London (okay). So	
	64	there was a gap between July and the	
	65	end of December (mm). So that's why	
	66	there was a start again in January, if	
	67	that makes sense (uh-huh). So 2014	
	68	early on (uh-huh), then a break (uh-	
	69	huh), and then 2015 through til now.	
	70		
	71	I: Ok, 2014 or 2015? Is that right?	
	72		
	73	P: *Sigh*	
	74		
	75	I: You say you started in January 2015?	
	76		
	77	P: Yes, again, after the break.	
	78		
	79	I: Ah I see, so the beginning started in	
	80	2014	
	81		
	82	P: Yes	
	83		
	84	I: Ok	
	85		
	86	P: That's right, so there are a couple of	
	87	months in 2014	
	88		
	89	I: Mm, at the end	
	90		
	91	P: Then a break while I was out of	
	92	London and then again in January 2015	
	93	and it's all with the same person but	
	94	with a bit of a break, um	

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	95		
	96	I: A man or a woman?	
	97		
	98	P: A woman	
	99		
	100	I: Mm	
	101		
	102	P: And then there was another time and	C has seen two therapists: T1 over a decade ago and T2 for the past 18 months
	103	that would have been 2005 (mm), um,	
	104	no sorry 2004 to 2005 (mm) for about 6	
	105	months	
	106		
	107	I: Ok	
	108		
	109	P: So I can kind of reflect on both	
	110		
	111	I: Yeh, on both, I mean maybe the most	
	112	recent, as it is ongoing, will be easier to	
	113	talk about but if (sure) anything from the	
	114	previous experience seems relevant,	
	115	that's, that's good too	
	116		
	117	P: Uh huh	
	118		
	119	I: Um, so the first experience, how long	
	120	did you say that was for?	
	121		
	122	P: Er, 6 months	
	123		
	124	I: 6 months, so still a substantial	
	125	amount of time as well. And weekly as	
	126	well?	

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127		
128	P: Yeh	
129		
130	I: Ok, and do you know what models of	
131	therapy?	
132		
133	P: So, if I'm honest, I don't know what	
134	the first, the one in 2005 was. I don't	
135	know what that was. I believe it was	
136	quite CBT (mm) focused. It was quite	
137	kind of solution-driven (uh-huh) if that	
138	makes sense.	
139		
140	I: Uh-huh, uh-huh (ok).	
141		
142	P: This framework is, um,	
143	psychodynamic, the most recent	
144		
145	I: Ok	
146		
147	P: Quite different * laughs*	
148		
149	I: Yeh, does it feel very different?	
150		
151	P: Very different	
152		
153	I: Does it, yeh? (mm) Well that might be	
154	something we can look at later and you	
155	can comment on in terms of the	
156	experience of being listened to with	
157	different models (sure). That might be	
158	interesting to think about. I'll make a	

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The difficulty of being listened to	159	note of that.	
	160		
	161	P: Shall I close the window? I'm just	C almost whispers this. I believe C was concerned that she would be overheard, that other people would be listening. Points to the environment in which listening takes place
	162	thinking about the noise.	
	163		
	164	I: What do you think?	
	165		
	166	P: I might just close it	C seems anxious as well as keen to engage Does being listened to create anxiety in C?
	167		
	168	I: Ok	
	169		
	170	*C closes window*	
	171		
	172	I: So I think the first thing, if we can	
	173	start off with you, yeh, really thinking	
	174	about how it is to be in therapy. And	
	175	whichever works for you best really,	
	176	either model or both. It might be	
	177	interesting for you to think about both	
	178	(mm) at the same time, um, and	
	179	describe that aspect, so the experience	
	180	of being listened to (mm), having the	
	181	person sitting in front of you and	
	182	listening to what you are saying	
	183		
	184	P: Yeh, I mean it's, it's funny because	
	185	I've been in, well with this one person	
	186	for probably a total of 19, 20 months	
	187	(mm, mm) in the 2 blocks. And I still	
	188	find it quite disconcerting	Being listened to is 'disconcerting' C spoke with a tone of surprise when she described the experience of being listening to as 'disconcerting', as if she
	189		
	190	I: Mm	

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The difficulty of being listened to	191		hadn't realised this before
	192	P: I still find it quite odd	Being listened to is 'odd'
	193		C used the same tone here, that of surprise and curiosity
Personal history of the experience of being listened to	194	I: Mm	She almost seemed confused and not able to understand her reaction at this point in the interview.
	195		
	196	P: And I think it's, I don't know, I'm, I'm	Makes C 'self-conscious' although she notes she is self-conscious and anxious by nature as well
Impact: self-consciousness (anxiety)	197	very self-conscious but I, I don't know	How much of the reaction to being listened to is due to individual personality and how much is due to the impact of the experience?
	198	whether that's partly also my character	Being listened to prompts client to reflect on self
	199	and my personality where I'm a little bit	Strong awareness of the therapist in the room
	200	more anxious and I read into situations	Heightened awareness a sign of anxiety?
	201	and I'm a bit more, maybe, cautious, ...	How much of the reaction to being listened to is due to 'being with'?
	202	um, but I kind of, I am aware very much	'Unpleasant' experience with T1 largely as a result of <i>not</i> feeling listened to by T1
	203	of the other person in the room, (mm)	Uses expression ' <i>feeling</i> listened to' rather than ' <i>being</i> listened to'. Suggests 'being listened to' provokes feelings
	204	... very much.	Does C not feel listened to because of her own history or because of the way in which T1 listened?
	205	And I think at the start, so basically, the	
	206	first experience I had back in 2005	
	207	(mm) was very unpleasant as an	
	208	experience of therapy (ok) and a lot of it	
	209	centered around <i>not</i> feeling listened to	
	210	at all.	
	211		
	212	I: Mm. By?	
	213		
	214	P: By the therapist at the time. Um, so	
	215	for context, I was a young carer and I,	
	216	by that point, had been looking after	
	217	both of my parents for about a year and	
	218	a half and then one slightly more as, as	
	219	the other recovered (mm) for probably	
	220	about 3 years after that point or up to it.	
	221	And then, when I started therapy, it was	Attending therapy originally due to the 'repercussions' of being a carer for parents. How did this early childhood dynamic impact
	222	sort of partly the repercussions of that	

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Personal history of the experience of being listened to	223	(mm), of sort of having been a young	on how / how much C experienced being listened to? C 'lost a lot of childhood'. Impact of not being listened to when a child? Compare with transcript of Jo's interview – similar early experience of not feeling listened to
	224	carer and not really having a sense of	
	225	self-identity and feeling very swamped	
	226	and having, in a way, lost a lot of	
	227	childhood (mm) to looking after other	Limited sense of self-identity
	228	people (mm, mm). So I came into it with	Lost childhood due to looking after other people. Impact of experience of not being listened to early on?
	229	that background and I think it was via a	
	230	GP referral and I ended up with a, um,	Does being listened to create anxiety in C, as she becomes more aware of her desire for being listened to but then fears that it won't be provided? Being offered the experience she was denied when she was a child?
Impact: provokes desire, fear that desire will not be fulfilled and therefore defence against desire	231	basically this lady was based in that	Being listened to provokes both desire for the experiences that it represents that were denied (eg being cared for) and fear of the experiences that caused pain (eg. not cared for).
	232	practice during the therapeutic work	
	233	(uh-huh). And it was very focused	This mixed experience results in ambivalence towards being listened to
	234	around what could I do to reframe the	
Ambivalence	235	situation. How could I look at it	
	236	differently? How could I be different and	
	237	perceive things in a more positive way?	
	238	And I think what was difficult is that the	
	239	reality of my situation was that it was	
	240	really quite shit actually (mm) and I	
	241	think the CBT kind of framework was	
	242	really inappropriate (mm) for that kind	T1's response to C felt inappropriate / unhelpful.
Being listened to and therapist response	243	of situation. It's like how could you	Did C feel that T1 had not judged how to help as a result of the way in which she did or didn't listen?
	244	reframe your behaviours in a way? And	(Similarity with J's comments of feeling misjudged)
	245	I was sitting there thinking 'well both of	C felt that T1 had not listened in a way that enabled her to understand how difficult C's life was at the time
	246	my parents are really ill and I'm	
	247	struggling in school and it just kind of	
	248	sucks, like, I can't really reframe this in	
	249	very many ways and looking at it more	
	250	positively I don't think is the way to go. I	
	251	think I need to process it and kind of ...'	C felt she needed to 'process' her experience
	252		C not able to 'process' if T hasn't 'registered' it?
	253	I: Mm	'registered' a word C uses frequently
	254		

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Previous experience impacting on exp in therapy	255	P: 'I think I need to actually deal with it	<p>Not feeling listened to by T1 because of T1's response Expectations of T2 – not expecting to be listened to due to experience with T1 C spoke these words very clearly. Does she do this in an attempt to ensure that the other person listens? C talks herself through the potential experience. Is she keeping herself company in the absence of the other's listening ear? She seems to address herself and then listen to herself Testing the therapist – the question of whether the therapist will listen Therapist needs to care enough to be motivated to listen Listening acts therefore as a sign that the therapist cares</p>
	256	as opposed to find ways to what felt like	
	257	patch it up'	
	258		
	259	I: Mm, okay	
	260		
	261	P: So there were a lot of conversations	
	262	where I would say something and I	
	263	didn't feel listened to because of the	
	264	response (yeh). Then in the more	
Impact of personal history on the present experience of being listened to	265	recent work, I think I came with that	
	266	baggage. I came with that sense of 'I'm	<p>Link between being 'listened to enough' and the development of trust in the therapist. Trust meaning trust that therapist cares? Feeling listened to enough to continue to engage in therapy It seems C needed to feel/ listened to enough to return to therapy Feeling listened to enough led to the development of trust which helped C remain within the therapy relationship and to continue talking Sequencing: testing of therapist's listening; feeling listened to; development of trust; speaking to therapist</p>
	267	not going to be listened to. I don't know	
	268	if I'm going to be heard' (mm). And I	
	269	spent quite a long time, I think testing	
	270	her, testing this therapist (mm) to see if	
	271	she actually was listening, and whether	
	272	she would stick around and whether	
	273	she was bothered enough (mm) to	
	274	actually hear what I was saying. And	
	275	we actually ended up, well, myself and	
Indicators/ evidence of therapist listening or not listening	276	D, this therapist, we ended up doing	
	277	quite a lot of work in January after that	
	278	break about that break itself and about	
	279	how I had trusted enough to come back	
	280	and I had felt listened to enough (yeh)	
	281	to actually go back into the work and	
	282	engage and, yeh, I think that was quite	
	283	striking because I hadn't felt able in that	
	284	break to approach her, even though I	
	285	was really struggling. It was a bit of a	
Testing/ monitoring the therapist's listening – the question of whether the therapist is	286	crisis point in that break (okay, mm). I	

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listening?	287	<i>hadn't</i> approached her. I had gone via	How are trust and <i>feeling</i> listened to linked?
	288	the official system rather than just	
Linked with	289	contacting her direct. So it was via a	
development of trust in	290	university service. Maybe because I	
the therapy relationship	291	didn't believe that she would actually be	C's expectations of whether T2 would 'be bothered enough' to listen By 'be bothered enough', does C mean 'care enough'?
	292	bothered enough, or actually had heard	
Interrelatedness and	293	anything or actually (mm) was	
sequencing of aspects	294	registering. So I think, for me actually,	'Registering' What does C mean by registering? Does she mean
of therapy	295	the aspect of listening (mm) is very	having an impact on the therapist in a way that means the
	296	interesting for me to be interviewed on	therapist has understood her experience? Might this be through
	297	because I think I have different	having understood or experienced the feelings C has/ has had in
	298	experiences (yeh, yeh) and very	relation to what she is talking about in therapy
Linked with sense of	299	different in a way baggage around	Different experiences of being listened to by a therapist
being cared for	300	being heard and being listened to in	
	301	therapy	
Linked with therapist	302		
registering	303	I: And so with her? How would you	
	304	describe the experience of being	
	305	listened to with her? The experience of	
	306	being listened to or not being listened	
	307	to? How did you experience it?	
	308		
	309	P: Yeh, I think that element of trust took	
	310	me a while to build up, to believe I was	Being listened to over a period of time led to development of
	311	actually being listened to. It took me a	'trust' See above – trust led to C feeling able to seek the
	312	while. And even though I'm quite an	listening of T2
	313	open person and I would tell many	C repeats 'took me a while', stressing the importance of the time
	314	people very easily about some of my	it took for trust to build. Does this also refer to the importance of
	315	life circumstances (mm) and some of	being listened to over time? A transitional experience
	316	the things that have happened in the	How are being listened to, trust, registering etc linked? How are
	317	past, I didn't believe that she was	these different aspects/ factors of therapy related?
Linked with trust	318	interested beyond the story	Belief in therapist's interest in what she is saying

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Facilitates transition	319		Interest may be related to care
	320	I: Mm	
Expectations of being listened to in therapy	321		Relationship between being listened to, therapist's interest, remembering/ forgetting and responding. It seems C didn't believe the relationship between these aspects of therapy existed firmly and that as a result the therapy was inactive at the beginning with T2
	322	P: So it was just sort of something I	
	323	would just say (mm), and you know	
	324	maybe there would be a bit of reflecting	
	325	on it, but actually it would then just be	
Linked with care	326	forgotten	
	327		
Interrelatedness of aspects of therapy: therapist's level of interest; reflection; remembering; response and action	328	I: This was with the present	Losing trust in the therapist listening. How is trust in the therapy process and trust in the therapist listening linked? Could we say the therapist listening is the process?
	329	psychologist?	
	330		
	331	P: Yeh, this is early on	
	332		
	333	I: The early stages?	
	334		
	335	P: Because I'd lost trust in the process	
Trusting therapist to listen	336	(yeh, mm). I didn't have faith that I was	Being a young carer resulted in not getting heard Expectations due to not being heard/ listened to when young
	337	actually being listened to and I think a	
	338	lot of it, this past experience of sort of	
	339	therapy, and before that also as a	
	340	young carer, you don't get heard. You	
	341	do get lost in the system. The priority is	
	342	always other people. You know, the	
	343	person that's ill is your priority and the	
	344	doctor's priority and the whole system	
	345	is focused on the person that's ill and	
Expectations due to personal history of not being listened to	346	especially 15/20 years ago, they forget	Prioritising the needs of others. Prioritising the need of others to be listened to? Neglecting her own need to be listened to?
	347	the other people in the picture (mm)	
	348	and now it's a lot better than it was but	
	349	at the time, it was very much about not	
	350	being heard (mm). And then I went into	

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<p>Personal history and expectations</p> <p>Link with feeling cared for</p>	<p>351 a therapeutic process where in a sense, 352 whether right or wrong, my, my 353 remembrance of it is that I wasn't 354 heard, and I wasn't listened to and it 355 was very much, you know, 'let's fix this. 356 Let's find a way to just fix it'. And that 357 didn't work. That wasn't appropriate. 358 359 I: So with her, did you feel...? I'm just 360 trying to think now ... coz you said it 361 was particularly, the reason you didn't 362 feel heard by her was because of the, 363 how she responded to it (yeh) ... um, 364 cause I'm thinking about the quality of 365 listening. So I guess in a sense she had 366 heard your words hadn't she? But she 367 hadn't heard what your experience was 368 369 P: I came in as, I think I was, 15/16 at 370 the time (mm). I was already quite kind 371 of resentful of the system (mm), didn't 372 feel heard anyway (mm). You know, 373 didn't feel anybody was really listening 374 or bothered and I just remember her as 375 a very, sort of, maybe 40s, 50s, older 376 lady who looked quite dour and she 377 always wore sort of tweed and plaid 378 and sort of quite sort of (mm) long skirts 379 and it was sort of very and, and I 380 remember thinking she was very, she 381 was like the lady who does the flowers 382 at church. Do you know that kind of</p>	<p>C wonders how much of her reaction is due to therapist not listening and how much is due to her personal experience and related expectations</p> <p>Personal history - 'didn't feel heard' Personal history sets expectations of whether others listen Link between 'listening' and 'being bothered' Is this the equivalent of there being a link between listening and caring? Does the way in which a person listens indicate whether they care? Did C feel people didn't listen because they didn't care? Transference</p>
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Impact: anger	<p>415 better if I just thought more positively 416 about things. And just getting, and I'm 417 really not an angry person. I'm really 418 (mm) quite calm and quite melancholy, 419 like I go the other way rather than 420 anger. And I just remember getting so 421 <i>angry</i>. And there would always be the 422 sense that I would leave after, after a 423 session (mm) being very bitter and very 424 angry. 425 426 I: Because you hadn't been heard? 427 428 P: Because I hadn't felt heard and then 429 I would sort of get to the next 430 appointment and think maybe it will be 431 different. I need some help. I know I 432 need some help. And this is supposed 433 to help me. So maybe this will be 434 different. And I'd go in and I'd, you 435 know, carefully try to be heard again 436 (mm) and then I wouldn't be. And it sort 437 of, it felt very removed from reality 438 (mm). So I would go into this little 439 bubble in this magnolia attic room and 440 this woman would tell me how my life 441 wasn't actually rubbish. It was just the 442 way I was looking at it. And then I'd go 443 again. And there were things I'd said to 444 her that at the time I hadn't told anyone 445 else (mm), very much so. And things 446 that even were sort of pertaining to hate</p>	<p>Anger at response of T1. How much of this anger is due to not feeling listened to? It seems more related to T1 either misunderstanding C, misjudging what would help C in terms of response or providing help that indicated she didn't care to spend the time listening</p> <p>Angry because hadn't felt heard</p> <p>Trying to be heard by T1 C seeks the experience of being heard</p>
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Response as indicator/evidence of having been heard	447 crimes and, you know, actually massive 448 impactful things even beyond being a 449 carer that she, she just didn't seem to 450 hear. 451 452 I: So do you think there is a difference 453 between... being listened to and being 454 understood? 455 456 P: Yeh, I think that's exactly it 457 458 I: So do you think she... Did you feel by 459 her that you weren't listened to? Or you 460 weren't understood? Or both? I'm 461 thinking about that. 462	T1 'didn't' seem to hear' Listening back to the recording, I feel concerned that I had not responded to C telling me about the 'hate crimes'. She seems to feel I have understood her though.
Interrelatedness of feeling listened to and feeling understood	463 P: I think it was a combination (yeh), 464 because there were just these 465 moments where I think they are so 466 linked (mm). They are so very linked. I 467 think it's fine and this has happened in 468 the therapy I'm in at the moment many 469 times, where my therapist has gone, 470 'hold on a minute, that person's name... 471 what was it again? or how does that 472 relate to this other thing? I remember 473 you mentioned a few weeks ago 474 something about this' (yeh). There's a 475 sense of, you know, you're infallible. 476 You know this therapist can't remember 477 everything I've ever said and that's 478 absolutely fine.	Combination of not feeling listened to and not feeling understood Link between these aspects of therapy Use of word 'combination' points to interrelatedness of aspects Response of therapist as indicator of having listened and understood C speaks the words of the therapist in a way that demonstrates how human she was

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	479		
	478	I and P: *laugh*	
	479		
	480	P: And it doesn't mean that they haven't	
	481	listened. It means that they are human	
	482	(mm) and I really appreciate that (mm).	
	483	I actually value that because it's framed	
	484	in a 'hold a minute you mentioned a few	
	485	weeks ago something around this' and	
	486	then they say 'the this' that makes me	
	487	think ok well you heard me	
	488		
	489	I: Yeh	
	490		
Therapist response as	491	P: You know, you heard me say that	
evidence of having	492	(mm). You remembered it and you're	
listened	493	thinking of a connection between two	
	494	things that matter to me and you have	
Interrelatedness of	495	heard what I said (mm). And you care	
therapist remembering	496	enough to have even vaguely	
and caring	497	remembered something that is pertinent	
	498	to my life (mm), that is important to me	
Listening as part of a	499	and I think that's the difference. This	
sequence	500	first therapist would completely forget	
	501	things (right) or that's how it seemed at	
	502	the time (yeh). It was like 'who are you	
	503	again?' sense and it was many years	
Personal history and	504	ago and, as I say, I was a young bitter	
impact on expectations	505	teenager struggling, fighting through	
	506	everything and with everyone and it all	
	507	seemed like a bit of a battle and maybe	
	508	I was projecting, maybe I was hurt.	

T2 referring to past conversations acting as evidence/
reassurance that she has listened, registered and remembered

C's perception of link between 'remembering' and caring
Listening as one of many necessary aspects of therapy in a
sequence

C reflects on her perspective and her personal history and how
this may have impacted on her experience of being listened to in
therapy
C uses therapist speak again, giving a feel of the human
element of therapy

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Provides transitional experience	509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540	<p>Maybe this person did say things like 'you know, well you mentioned a few weeks ago that ...' but I think what's interesting is that I don't remember them</p> <p>I: Mm</p> <p>P: I don't remember those moments</p> <p>I: So with (and I) the person you see now, you do feel listened to?</p> <p>P: Yes, but I think that's taken a lot of time actually (mm) and I think it's the context that's meant that it had to (mm), if that makes sense. I think without the back story of having had a, a bit of a rough ride through therapy before (yeh, yeh), it would be have been easier to trust a therapist at this point (mm). Um ... yeh, I, I think I am heard and listened to (mm). And I think they are connected together in a very, let me think. I am trying to think of what connects the two for me so...</p> <p>I: Well yes, because we are starting to talk about a few things here. We are starting to talk about the being listened to and being heard. Are they the same or different?</p>	<p>Time taken to feel listened to/ to trust that the therapist is listening</p> <p>What is the relationship between feeling listened to and the development of trust and vice versa</p> <p>History with T1 impacted on expectations with T2 re whether T2 would listen</p>
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Therapist response as indicator of whether therapist has listened	541 542 543 544 545 546	P: Mm, but I'm trying to think what gels them I: Yeh P: And ... I think for me it's a reactivity	
Sequence of listening, registering and reacting	547 548 549 550 551 552 553 554 555 556 557 558 559 560 561	I: Mm P: So it's the other person not just hearing the words and registering them (mm), but reacting. And what I find quite interesting is I know that there is a kind of neutrality that's meant to be held in a therapist (mm). There's sort of the neutral face and the neutral body language *laughs* and the neutral But actually what I find really valuable in the therapeutic relationship I have at the moment with this therapist (mm), is that if there is something that merits a	Response from therapist acts as an indication of whether she has heard By 'registered', does C mean understood/ felt? Sequence of hearing, registering, reacting Listening as one part of the broader process, all parts being necessary to create therapeutic change How does reaction act as evidence of therapist having listened, registered and felt care for C?
Evidence of therapist listening	562 563 564 565 566 567 568 569 570 571 572	wry smile I: Mm, she lets herself do it? P: She'll let that happen I: Mm, mm P: And there are times when it, it feels very gentle (mm) in a way, and I think	The wry smile indicates that T2 has listened in a way that meant she 'registered' what C was telling her.

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Monitoring for evidence of therapist listening	<p>573 that this, the first therapist that was sort 574 of a bit stiff and dour, I remember that 575 neutrality as very negative (mm, uh- 576 huh). I remember that neutrality as 577 being very rigid and that somehow 578 these massive earth-shattering things 579 to me (yeh) weren't actually being 580 registered. They were heard yes, and 581 they were probably brought up next 582 week, although I don't remember that, 583 but they weren't <i>felt</i>, in a sense, that the 584 energy in the room didn't feel as though 585 I was making any kind of impact on the 586 brick wall that was sitting opposite me. I 587 don't know. I think that's probably it. I 588 hadn't really thought about it before. 589 590 I: So she might have heard the words 591 but not really ... well it's the response 592 isn't it? Because I'm trying to think 593 exactly what, well I'm trying to be clear I 594 suppose of what we're talking about, 595 'cause there are quite a few things 596 aren't there? So you're saying that with 597 her she may have heard the words, but 598 she didn't understand your experience. 599 You didn't feel she appreciated what 600 you were going through (mm) and that 601 what she did with what you told her 602 wasn't helpful. Or is that not right? 603 604 P: I think it was a combination. I think</p>	<p>Neutrality of T1 experienced by C as her not registering what C was telling her. See Jo for similar account. Not registered meaning not <i>felt</i> by T1? Not registered as meaning that C's words didn't seem to affect T1 or have any impact C seems to be saying that she needs to see that the therapist has been affected by what she has told her, that this is when she would feel that the therapist has listened. She seems to want the therapist to not only hear what she is saying but to be affected by it as well</p> <p>Combination of not feeling understood by T1 and her not</p>
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Being together	605 606 607 608 609 610 611	that was definitely part of it (mm). But I felt that what I was saying that, to me, was so emotional (mm) and so raw and so present and so ingrained in everything I was at that point in my life (mm, yeh). You know, this whole identity that I was struggling with that actually being faced with someone who	reacting in what C felt was a helpful way led to C feeling not listened to in a way that felt meaningful to C C expressing the depth of feeling she was experiencing at the time of seeing T1 in her use of language and tone C feels T1 did not get close to detecting this
Interrelatedness of being listened to and therapist response	612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636	was completely this kind of neutrality, this absolute neutrality, meant that the words that I said didn't seem like they were listened to (mm). It seemed like she may as well sit there and have a bit of a day dream (mm). I don't believe that she was and I don't believe that even at the time I would have felt that, but then over-laying that with that kind of sense of anger and the fact that the response was so neutral and then on top of it all to have the kind of when it wasn't neutral it was a 'well pull your boot-straps up love' sort of attitude (yeh). I think, as I said right at the start, I don't know what her framework was. It felt very CBT. It felt very much let's reframe your responses. Let's look at the situation in a different way (mm). And the reality was that you kind of couldn't (no, no). Like, you can't use CBT in situations that are unchangeable, that you can't reframe, that can't be placed in a different light,	Neutrality of T1 meant C didn't feel listened to C felt not listened to due to lack of reaction by therapist

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Personal history and expectations (transference)	637 that to a degree, yes you can develop a 638 resilience to those things (mm), but I 639 don't remember that's what she did 640 641 I: No, you said you didn't react in that 642 way, did you? 643 644 P: No, and I, yeh. Was that the angry 645 teenage voice in my mind? I don't 646 know. I don't believe so. I think that was 647 a genuine experience of what 648 happened 649 650 I: Reacting to her? Mm. 651 652 P: Like, I don't believe that is a skewed 653 remembrance (mm). I feel that that is 654 what happened (mm, mm). You know, 655 we all distort the past but I do have ... 656 657 I: Well, it's certainly your true 658 experience, of being with her isn't it? 659 660 P: Mm, yeh 661 662 I: So with the woman that you see now, 663 then. What is it ..? 'cause you say it 664 took a while to feel that she was 665 listening to you and that was partly 666 because you were testing her and you'd 667 had this bruising experience before 668	<p>C wonders about how much her reaction to T1 was due to her personal history and how much was due to how T1 was</p> <p>Impact of not feeling listened to by T1 led C to have expectations that T2 wouldn't listen and to test T2's listening</p>
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<p>The challenge of the experience</p> <p>The difficulty of being listened to</p>	<p>669 P: Mm</p> <p>670</p> <p>671 I: So what is it now? Now that you do</p> <p>672 feel she's listening that you are listened</p> <p>673 to by her. Can you describe first of all</p> <p>674 that experience of being listened to,</p> <p>675 how it feels?</p> <p>676</p> <p>677 P: Yeh, it feels very.... It feels very bold</p> <p>678 (mm). It feels sort of very, sort of</p> <p>679 courageous in a way that I have to, I</p> <p>680 have to go in and sort of, it's like, I</p> <p>681 dunno, it's like walking into a room and</p> <p>682 taking all your clothes off and standing</p> <p>683 there and saying this is, 'this is</p> <p>684 absolutely me, this is who I am' in front</p> <p>685 of someone that you don't actually</p> <p>686 know very much (mm), if anything,</p> <p>687 about at all and it's this mix of absolute</p> <p>688 vulnerability and absolute courage</p> <p>689 (mm), and I think, right from the start, I</p> <p>690 had the vulnerability down pat. Um, I'm</p> <p>691 quite open and I'm quite willing to be</p> <p>692 vulnerable (mm). I think I don't find that</p> <p>693 difficult (mm). And I'm very open. But</p> <p>694 then what I didn't do very well is</p> <p>695 approach it with any kind of courage. I</p> <p>696 didn't want to go there.</p> <p>697</p> <p>698 I: Right, okay so it was very difficult,</p> <p>699 yeh.</p> <p>700</p>	<p>Being listened to feels like a 'bold' act</p> <p>Being listened to feels like a 'courageous' act</p> <p>Feels like choosing to take your clothes off and be seen naked</p> <p>Being listened to as exposing</p> <p>Requires both vulnerability and courage</p> <p>C found it difficult to face attending therapy</p> <p>The prospect of being listened to and all that it requires and provokes is difficult to face</p>
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<p>Providing a transitional experience</p>	<p>701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732</p>	<p>P: You know, I didn't want to go in with that. I had the walls up and the shields and the barriers and all of it *laughs*. And you've got to fight your way through and you're not getting in, you know. So I had my, I don't know, I had my story. I had my framework of what I felt I needed to say</p> <p>I: Mm</p> <p>P: And then it became sort of fairly quickly clear that actually there was a lot underneath that but I just wasn't letting her in (mm) and I don't know I think it was feeling listened to that meant that I developed the courage to be able to say more</p> <p>I: Mm, alright, okay</p> <p>P: I don't know if that makes sense</p> <p>I: Yeh it does, mm.</p> <p>P: But I think it was that duality of vulnerability and courage that, in a way, you need in that kind of process. You need to have the courage to be absolutely vulnerable (mm) but also the vulnerability to admit that you don't really have the courage at all and that</p>	<p>Didn't have the courage to let herself be vulnerable C did not have trust in therapist at this point to let herself be vulnerable Not letting herself be listened to and not listening to herself</p> <p>Feeling listened to led to development of courage to speak and let herself be listened to more Circle: development of feeling listened to leading to C being able to let herself be listened to Is there a link between development of courage and development of trust</p> <p>Necessity of vulnerability and courage for therapy Being listened to requires C to be courageous but also to be able to let herself be vulnerable</p>
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Conceptual - focused on engaging at a more interrogative and conceptual level

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<p>Being listened to and its part in the dismantling of defence</p> <p>Impact: begins process (of having to build trust, lower defence, reflect on self and let change happen)</p> <p>Interrelatedness of being listened to and context</p>	<p>797</p> <p>798</p> <p>799</p> <p>800</p> <p>801</p> <p>802</p> <p>803</p> <p>804</p> <p>805</p> <p>806</p> <p>807</p> <p>808</p> <p>809</p> <p>810</p> <p>811</p> <p>812</p> <p>813</p> <p>814</p> <p>815</p> <p>816</p> <p>817</p> <p>818</p> <p>819</p> <p>820</p> <p>821</p> <p>822</p> <p>823</p> <p>824</p> <p>825</p> <p>826</p> <p>827</p> <p>828</p>	<p>and you sit down and you start that process (mm), you being listened to is a verysigh, I don't know, you can't have the tank, you can't go into it with a sort of, 'I'm gonna do it and just get through this and it will all be fine at the end' kind of approach, which is what I was doing in all of the rest of the aspects of my life (mm). I was just kind of in work, 'just keep going'. Social life, 'just go once a week, it's fine'.</p> <p>I: Mm</p> <p>P: I was doing that in every other place in my life and then you walk into this room and you literally are stopped, like you can't do it anymore. You are forced to not just keep going.</p> <p>I: And is that the being listened to that does that?</p> <p>P: I think so (mm). I think it's a lot of things. I think it's the environment as well. I think it's, there are very few times in your life, leave alone in a day, when you spend 50 minutes sat in a chair reflecting (mm), in the presence of someone else (mm), regardless of whether they're listening or not in a way. That stillness, you know, you</p>	<p>What does she have to stop? Being defended? Putting up walls? Building tank and keeping going?</p> <p>Being listened to triggers off a process</p> <p>Being listened to challenges/ erodes/ dismantles defences</p> <p>Being listened to challenges C's usual way of coping</p> <p>This all results in anxiety in the client. Being listened to is anxiety provoking</p> <p>Impact of experience is anxiety and defence</p> <p>C addresses herself here when she is referring to how she copes. Is this when she is struggling and doesn't have anyone to listen to her?</p> <p>Listening forces you to stop</p> <p>The combination of being listened to and the context in which this happens forces you to stop</p> <p>Impact of being listened to combined with other aspects</p> <p>Interrelatedness of aspects of therapy</p> <p>Being listened to creates stillness</p>
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<p>Being listened to as an invitation to begin a process of change</p>	<p>829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854</p>	<p>could, I suppose sitting down for an hour, you know, if you were set a challenge, you know, sit in a chair for one hour, do nothing. First five minutes, you'll look around. There's a spider on the wall. That's quite interesting. You know, the next ten minutes ... and you will drift. And you will start reflecting and start challenging yourself and start digging because you're bored. What do you do? There's a blank room and a chair and of course you're going to ...</p> <p>I: But I guess that's what I'm really interested in and trying to focus on is I guess the difference between something like that where you've got the environment, so you're in a room on your own sitting on a chair (mm), you've got the time to think, you could even speak if you wanted to (mm). Uh, but what is the difference between that and being with somebody else and them listening? I suppose that's what I'm really trying to pursue.</p>	<p>C wonders how far the listening is the active element What other aspects of the therapist's presence play a part and how do these interact with the listening experience Having to stop one's usual way of coping and reflect is the changer Stillness as a prompt to reflecting and challenging oneself</p> <p>Being listened to puts C in a position of being bored which leads her to reflect C begins 'digging' when listened to. A word H used Similarity between digging and reflecting</p>
<p>Being listened to as a challenge to defences/ person's way of coping</p>	<p>855 856 857 858 859 860</p>	<p>P: The listening is what stops you ploughing, It's what stops you pushing forward (mm), in that sort of aggressive 'just keep going' attitude (mm). Because if you were set a challenge to sit in a chair for 50 minutes, I could do</p>	<p>Being listened to stops C 'ploughing/ pushing forward'</p>

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Creates transitional experience	861 862 863 864 865 866 867 868 869 870 871 872 873 874 875	that. I could sit in a chair and I'd be absolutely fine, I'd probably count some numbers and count some sheep and it would be done (mm). And that's the 'just keep going' approach. I've got a challenge, I'm gonna get through it (yeh). But when you're listened to, you can't do that. You have to take a step back. I: So are you able to say why? What happens then? What stops you from ploughing forward when you're listened to?	Being listened to creates change Being listened to disables client's method of coping Being listened to invites reflection and change C uses the expression 'step back' on a number of occasions
Challenge: having to reflect and speak and have one's words heard	876 877 878 879 880 881 882 883 884 885 886 887 888 889 890	P: You're conscious of the fact that you're with another person (mm). You're with another body, another being in that room, in that space (mm). And you can't, I suppose at the start you're very conscious of this being another person (mm), and another, you know they have a whole life and you don't know about it (mm). But then there's a pattern of engagement that means you are challenged in your responses. Not necessarily in what the person opposite you is saying (mm), but by saying something out loud to someone else, you're forced to go 'what do they think of that? Is that right? Do I think that's right? No maybe I don't	Heightened awareness of the other person/ therapist stops client The listener (therapist) is not known but C knows the therapist will have a life that is unknown Anonymous listener? Similar to confession? Being listened to presents the challenge of having to speak out loud, the challenge of having one's words listened to Listener witnesses person's internal thoughts when they are spoken Internal dialogue is exposed and challenged
Being listened to as the	891 892	do they think of that? Is that right? Do I think that's right? No maybe I don't	

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beginning of a process that involves a sequence	893	think that's right' (mm). And so you take	Being listened to prompting C to question /reflect on what she says and to wonder how far it represents the truth
	894	that step back from what you're saying	C illustrates how she observes the discussions with herself due to being listened to. These internal discussions with self may be
	895	automatically (mm). And then when the	always be occurring but are more strongly observed when she is
	896	therapist or the person sitting opposite	listened to. She observes them before speaking them out loud.
The difficulty of being listened to	897	you goes 'really? How does that link to	Difficulty of having to face one's own thoughts and speak the words. C – 'oh shit ... I don't want to do this ... damn it'
	898	this?' and you go 'oh, shit, I've got to	Step back – refers to self-observation?
	899	actually do some digging here, I don't	
	900	want to do this. I've got another 34	
	901	minutes, damn it' (mm, laughs). You	
	902	know? That's when it starts, and then	
Creates transitional experience/ change	903	with time I've found that it's faster,	As therapy progresses, facing the challenge of being listened to and having to speak happens more quickly. Why is this?
	904	getting into that space of challenge is	Therapy process changes over time, if the experience of being
	905	quicker.	listened to is maintained in a way that the person develops trust
	906		in it. This is one of the changes that happens – the person is
	907	I: If you're listened to?	more able to face observing their own thoughts and reflecting on
	908		them
Interrelatedness of being listened to and trust	909	P: Because I feel like I am listened to,	C felt listened to by T2
	910	and am heard (mm). Historically, I have	Feeling listened to over a period of time establishes trust in both the therapy process and the therapist
	911	been (mm) and that relationship is long	Makes it more possible for C to allow herself to be listened to
	912	enough for me to trust that process	Being listened to over a period of time, in a way that C could have trust in, led to C becoming less defended against observing herself and speaking about her internal world
	913	(mm), and trust that person (mm).	
Transitional experience – being listened to over time changes the way being listened to is experienced and in turn creates other changes	914	And...	
	915		
	916	I: So what is it about... It sounds like	
	917	you needed to get to the point where	
	918	you trusted her (mm), trusted the fact	
	919	that she was listening to you (mm). And	
	920	then you were at that point less	
	921	defended (uh-huh). So what is it about	Is the trust C refers to trust specifically in the therapist listening to her?
	922	her truly listening to you in an honest	
	923	way that um, that you needed?	
	924	Because it sounds like you needed that	

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<p>Impact: feeling believed and gaining sense of validation</p> <p>The challenge of being listened to</p>	<p>925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956</p>	<p>(yeh), you were almost testing, seeking that. What is it that you... why did you need her to listen to you?</p> <p>P: Why did I need her to? (mm). The first word that springs to mind, and I'm probably... yeh the first word is validation (mm, mm). That's the first thought, so just... that instinct of being believed (mm), that actually that maybe we didn't have anywhere near the same life experience or anywhere near the same environments, but she wasn't trying to fix it (mm). She wasn't trying to do anything maliciously. She was just validating my experience by hearing it (mm). She didn't necessarily say anything that was actually technically validating (mm) in her words, although I think tone, I think she actually did. But I don't think that is what I focused on (mm). I think it was the fact that she was validating what I was saying, as opposed to challenging it (mm). That first CBT experience challenged it (mm). it said somehow 'the way you're seeing this isn't good enough. The situation isn't as bad as you think it is' (mm). And instead of that I had someone who, just by hearing it, wasn't reacting in that same way. Wasn't saying 'well you're just seeing it wrong'</p>	<p>Being listened to provides 'validation'</p> <p>Gives sense of being believed</p> <p>Validating rather than challenging (in way that suggests C had got it wrong) Being listened to as a <i>non-challenging</i> experience Being able to speak without opposition</p> <p>Challenge Therapist's challenge can be felt in different ways – as a judgement/ criticism or as a new perspective that might be</p>
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Being listened to and feeling accepted	<p>957 (mm). By hearing it, she was sort of 958 going 'well where does that come 959 from?' (mm). And by saying 'and where 960 does that come from' it's not saying 961 'really? Are you sure that happened?' 962 (yeh). I'm probably contradicting myself 963 all over the shop. I'm trying to... 964 965 I: No it's interesting 966 967 P: I'm also trying to rationalize it as well 968 969 I: You don't need to rationalize it, it's to 970 really just explore (yeh), and think what 971 it is for you 972 973 P: Yeh, I'm trying to piece it together in 974 my own mind as well 975 976 I: You don't even need to piece it 977 together, honestly, you don't need to do 978 that *laughs*. Honestly don't do that, 979 and I'm not even trying to do that, I'm 980 not trying to do that (okay, alright). It 981 really is a digging process, so it's a little 982 bit of really noticing what's going on in 983 your head. You know, how do you 984 experience the listening? (yeh). What 985 does it feel like? What makes you feel 986 like you're listened to? 987 988 P: The thing that I keep coming back to</p>	<p>helpful</p> <p>Being listening to feeling as if T2 accepted what she told her</p>
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Interrelatedness of being listened to and environment	990 991 992 993 994 995 996 997	(mm), and I know I haven't mentioned this yet and I, well a little bit (mm). I'm struck how much the environment around being listened to ties in with being heard. I: Mm, in what way?	The relevance of the therapy environment in relation to the experience of being listened to
Being listened to and defence: avoidance	998 999 1000 1001 1002 1003 1004 1005 1006	P: So, I think there's something about that space. So I'm just thinking, I don't, even though I've seen a therapist many, many, many times (mm), I wouldn't be able to sketch a picture of her face. I: Oh, interesting isn't it?	'Space'. H used the word space as well
Impact: anxiety, vigilance and defence in the face of experience	1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021	P: I mean I probably could give it a good shot, but it wouldn't be very good (mm, mm). But that room, I know exactly where the potted plant is, and there's a desk there and there's a window here and I think I've just, in my mind that is absolutely crystal clear (mm). And, it's funny I notice when she wears different shoes. So she always sits sort of, well we're slightly at an angle to each other (yeh), and she kind of crosses her legs and uncrosses them a few times in the course of the session *laughs*, and I remember her shoes because when she sort of shifts, the	Awareness and clear memory of the details of the therapy room Awareness of therapist's clothes

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<p>The difficulty of being listened to</p> <p>The difficulty of being listened to</p>	<p>1022</p> <p>1023</p> <p>1024</p> <p>1025</p> <p>1026</p> <p>1027</p> <p>1028</p> <p>1029</p> <p>1030</p> <p>1031</p> <p>1032</p> <p>1033</p> <p>1034</p> <p>1035</p> <p>1036</p> <p>1037</p> <p>1038</p> <p>1039</p> <p>1040</p> <p>1041</p> <p>1042</p> <p>1043</p> <p>1044</p> <p>1045</p> <p>1046</p> <p>1047</p> <p>1048</p> <p>1049</p> <p>1050</p> <p>1051</p> <p>1052</p> <p>1053</p>	<p>attention is on the moving thing which is her shoes. So I notice when she changes her shoes, she often wears boots as well. And I notice this (mm), and I don't know why but I can't, I don't have that vivid image of her appearance (mm). I have a vivid image of objects (mm, mm). And I wonder if subconsciously it's because the experience of actually being listened to and being heard, both aspects of that, um, is actually really bloody uncomfortable (mm). And the thing I don't want to register (yeh), is the face of the person opposite me (mm). I don't want to (mm) register the face, I'm fine with the boots, and the window frame and the potted plant *laughs*. I'm fine with those things, but the face makes it human (mm). It means I'm talking to someone who has judgements, someone who has their own mind world, their own way of thinking, their own way of processing (mm, mm, yeh). And I become very conscious of that as soon as I look at her. I become very aware that I am being heard in a therapeutic setting. And it's different now, I mean I feel like ...</p> <p>I: Yeh 'cause I was thinking...</p>	<p>Is C's awareness of T2's clothes part of monitoring her or a way of avoiding seeing her face, registering everything but what is human?</p> <p>Being listened to is 'really bloody uncomfortable'</p> <p>Not wanting to register the face of the therapist</p> <p>Use of word 'register'. Does she mean that the face of the therapist will have an impact on her in the way her own words will have an impact on the therapist?</p> <p>Need for therapist to register her words but difficulty registering therapist's face</p> <p>The two way experience of listening/ being listened to as both parties 'registering' each other</p> <p>Registering the therapist's face as an indicator of the human</p> <p>The therapist reminds C that the therapist will have thoughts and may make judgements</p> <p>Concern that therapist will listen and judge</p> <p>Concern that being listened to will involve being judged</p>
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<p>The challenge of being listened to</p> <p>Ambivalence</p> <p>The difficulty of being listened to</p> <p>Impact: vigilance and anxiety</p> <p>Being listened to an exchange rather than one-way</p>	<p>1054</p> <p>1055</p> <p>1056</p> <p>1057</p> <p>1058</p> <p>1059</p> <p>1060</p> <p>1061</p> <p>1062</p> <p>1063</p> <p>1064</p> <p>1065</p> <p>1066</p> <p>1067</p> <p>1068</p> <p>1069</p> <p>1070</p> <p>1071</p> <p>1072</p> <p>1073</p> <p>1074</p> <p>1075</p> <p>1076</p> <p>1077</p> <p>1078</p> <p>1078</p> <p>1080</p> <p>1081</p> <p>1082</p> <p>1083</p> <p>1084</p> <p>1085</p>	<p>P: I could compare it directly, and I don't find that uncomfortable (ok) at all (uh-huh) because it's not that therapeutic setting. It's not that, I'm being listened to but not in a way that is unpicked in an emotional sense. It's not going to be, it's not going to challenge my psyche, my psychology (mm, mm). This is a reflection (mm), and then I can engage very easily. I don't find that, as I say I'm quite an open person, quite easily vulnerable, that doesn't bother me. What is disconcerting is the digging (mm), so the going deeper, the sort of... yeh (mm). And I'm struck that when you're bringing up what it's like to be listened to (mm), the thing I'm thinking about is the environment around being listened to.</p> <p>I: Mm, yeh. But possibly because it's so disconcerting that you can't quite register the fact that she's there listening to you.</p> <p>P: Precisely. I don't know, like going into the what it's like to be listened to is actually kind of a bit 'oh!'.</p> <p>I: Whenever I say it to you, you sort of freeze.</p>	<p>Being listened to in a non-therapeutic setting is not uncomfortable</p> <p>Does not involve the unpicking of emotions</p> <p>Does not challenge client's psychological structure</p> <p>Implies being listened to in therapy does address the client's emotional experience and challenge the person's psychological make-up</p> <p>Ambivalence about the challenge of therapy</p> <p>The word 'challenge' was used before in a different way</p> <p>'Digging' is disconcerting</p> <p>By digging, is C referring to reflecting, noticing her thoughts and feelings? Registering herself? Letting herself react emotionally to her past experience and present experience in the room with therapist</p> <p>Alert to environment when being listened to</p> <p>Avoidance of registering therapist and her own internal experience or due to heightened awareness generally. Feeling threatened by the experience of being listened to and therefore monitors environment as well as therapist</p> <p>By 'register the fact that she's there listening to you', do I mean to be fully consciously aware?</p>
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<p>Impact: avoidance</p> <p>Interrelatedness to other aspects of therapy</p> <p>Interrelatedness</p>	<p>1086 P: Yeh, I'm aware of that.</p> <p>1087</p> <p>1088 I: I need you to tell me *laughs*, I need</p> <p>1089 to push you. I want you to really think</p> <p>1090 about it.</p> <p>1091</p> <p>1092 P: I suppose what I wanted to say is</p> <p>1093 that I'm becoming aware the more (yeh)</p> <p>1094 I'm going into this that actually, I'm</p> <p>1095 trying to avoid it. I don't want to go</p> <p>1096 there (mm, mm), which I'm finding quite</p> <p>1097 intriguing (mm) actually. And I think</p> <p>1098 also because it's quite abstract, as</p> <p>1099 something to think about.</p> <p>1100</p> <p>1101 I: Well I guess it's something you don't,</p> <p>1102 while you're there you're not gonna be</p> <p>1103 that conscious of.</p> <p>1104</p> <p>1105 P: It's like, but it's like describing colour</p> <p>1106 (mm), you know 'describe listening',</p> <p>1107 well if you were to, I dunno you have a</p> <p>1108 four year-old and they say 'well what</p> <p>1109 does listening mean?' (mm,mm). You'd</p> <p>1110 say 'well it means to be heard'. But it's</p> <p>1111 not, it's not just to be heard, it's-</p> <p>1112</p> <p>1113 I: Well that's part of the discussion is</p> <p>1114 you know, what does it mean to you?</p> <p>1115</p> <p>1116 P: But listening is sort of the function of</p> <p>1117 your ear working to register sound</p>	<p>C noticing her resistance to thinking about the experience of being listened to. She is unsure of why she is trying to avoid it.</p> <p>Being listened to an 'abstract' experience</p> <p>Might she be sensing it's interrelatedness to other aspects of therapy and the difficulty of isolating and describing the experience of being listened to on its own?</p> <p>'it's not just to be heard'. Reference here to the experience of being listened to as being more than simply the act of being listened to. The listening that happens in therapy involves more than simply the act of listening. Interrelatedness to other things that happen that are part of why being listened to is meaningful</p>
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<p>Sequence and interrelatedness: being listened to and registering</p>	<p>1118 that's processed in your brain, and gets 1119 interpreted (yeh). In a way that's 1120 listening actually, in a technical 1121 definition of 'what is listening'. 1122 1123 I: Yes well 'cause I suppose I'd phrased 1124 it in a way that meant- 'cause I'd 1125 thought about either using 'being 1126 listened to' or 'being heard' (mm). It'd 1127 be interesting to hear what you feel the 1128 difference is, if you can think about that 1129 for a moment. But I'd, yeh, I should let 1130 you just say what you think the 1131 difference is before just... *laugh*. 1132 1133 P: Well I think I said this earlier, but I 1134 think being listened to is very different 1135 from being heard. Being heard is 1136 having that information registered 1137 (mm), that information put into 1138 conscious frameworks, conscious 1139 thought (mm). I think what's difficult 1140 maybe is that I'm a medic (yeh), and so 1141 I come at things also with that kind of 1142 biological framework. 1143 1144 I: Yeh, that was interesting to hear- 1145 1146 P: For me, listening is an ear 1147 processing information, registering 1148 vibrations in the air that then get 1149 processed. Being heard is that</p>	<p>Registering sound Registering sound vs registering in the way C had used this term earlier in the interview.</p> <p>Difference between 'being listened to' and 'being heard'</p> <p>C seems to consider the experience of being listened to in therapy as meaning the therapist hearing the words and then 'registering' them</p> <p>Being <i>heard</i> referring to taking in what was said in a way that the listener locates it within their own conscious framework</p> <p>Physiology of listening</p> <p>Distinction between being listened to and being heard For C, 'being listened to' is related to biological process within</p>
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Link with registering in brain	1150	interpretation of those sounds. Of your	ear and 'being heard' involves interpretation in the brain
	1151	brain sort of connecting (mm) the	The involvement of the brain – 'connecting'
	1152	understanding of what 'tree' is with then	What happens in the therapist's brain when she 'registers' and
	1153	pictures of trees that you've seen your	how does the client judge whether the therapist has 'registered'?
	1154	whole life and you create your own.,	What is the client monitoring for? How is the action in the brain
	1155	you know, if I say 'tree' (mm), that's a	of the therapist, the registering, illustrated/ demonstrated by the
	1156	word that you know, that you	therapist's responses, behaviour, words etc?
Interrelatedness of being listened to and therapist making sense of client experience	1157	understand, that links to pictures in your	
	1158	mind (yeh) but everybody's imagined a	Therapist interprets client's words by using their own personal
	1159	tree that will be different (uh-huh). I	experience
	1160	think that's the thing about listening and	C values T2 interpreting/ making sense of her words using her
	1161	hearing.	own experience, even if it does not accurately represent C's
	1162		experience entirely (line ???)
	1163	I: I suppose yeh.	
	1164		
Importance of therapist locating client's experience within the framework they use to make sense of their own experience	1165	P: Hearing is registered, but then it's	
	1166	registered by that other person in light	'Registering' meaning the words the client speaks are made
	1167	of what they know from their lifetime	sense of in relation to the therapist's own experience and
	1168	(yeh). You know, I don't know anything	incorporated into their 'conscious framework'
	1169	about my therapist really, I know a little	
	1170	bit, but I think that's by fluke more than	Therapist as a person who has a history which has an impact on
	1171	anything. But I think it's what I say, I'm	how they make sense of what they listen to
	1172	interpreted and registered through her	
	1173	life experience, through her memories	Therapist interprets and registers what client says using her own
	1174	and (yeh) her thoughts. So, expressing	past experience, thoughts and memories
	1175	what I'm saying is all well and good, but	
	1176	actually getting someone to understand	C describes difference in therapist's history and way of
	1177	what that actually means to me is a	interpreting as a barrier, which requires C to make an effort to
	1178	whole other challenge (mm, mm). And I	get meaning across
	1179	feel that <i>that</i> was probably what was	C describes getting therapist to understand what her experience
	1180	lacking in that very first experience of	means to her as a challenge
	1181	therapy (mm). That there was this other	Suggests she feels it is her responsibility to get the therapist to

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<p>Being listened to and feeling believed</p> <p>Being listened to and acceptance</p>	<p>1182</p> <p>1183</p> <p>1184</p> <p>1185</p> <p>1186</p> <p>1187</p> <p>1188</p> <p>1189</p> <p>1190</p> <p>1191</p> <p>1192</p> <p>1193</p> <p>1194</p> <p>1195</p> <p>1196</p> <p>1197</p> <p>1198</p> <p>1199</p> <p>1200</p> <p>1201</p> <p>1202</p> <p>1203</p> <p>1204</p> <p>1205</p> <p>1206</p> <p>1207</p> <p>1208</p> <p>1209</p> <p>1210</p> <p>1211</p> <p>1212</p> <p>1213</p>	<p>person who didn't seem like they got it (yeh). And that's where that life experience comes into it, but then you could argue 'well does a therapist need the life experience of someone they're looking after?'. I: Mm. It's interesting that you said that your therapist now, you talked about her not necessarily needing to understand your experience, when you were talking about validation (yeh), but she just needs to have, I guess accepted your experience and believed what you'd said (yeh). Mm. P: I think, yeh I think that's the case, but that belief is indicated in very subtle ways (mm), it's very rare I think, from my knowledge anyway that a therapist would go 'yeh I believe you' (mm). 'Okay you just told me this, I believe that', well no, like not unless that was pertinent to some kind of underlying... but actually you, they wouldn't. Because its interpreted in the way that you then continue the communication (mm), in the way that you kind of go 'okay, got that, how can I interpret it? How can I see this differently? How can I link this to what else I've been told? How can I see this person in a bigger</p>	<p>understand and that it has been difficult</p> <p>T1 didn't understand the meaning of the experience that C described to her</p> <p>Contradiction between wanting the therapist to understand and not needing her to</p> <p>Is the helpful factor that the therapist believes and accepts that the client has felt the experience in the way they have described it?</p> <p>Being listened to and belief of the therapist</p> <p>Link between belief and acceptance? C says here she doesn't expect therapist to believe what she says without interpretation</p>
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<p>Interrelatedness of being listened to and being understood</p> <p>Importance of therapist positioning understanding of client in relation to own experience</p> <p>Interrelatedness of being listened to and therapist 'registering' client's experience</p>	<p>1246 P: I sort of feel like, to me listening is</p> <p>1247 the passive process, and hearing-</p> <p>1248</p> <p>1249 I: Yeh, that's interesting isn't it. It's</p> <p>1250 almost the opposite.</p> <p>1251</p> <p>1252 P: Yeh I mean, sometimes in clinical</p> <p>1253 work (mm) when someone says 'you</p> <p>1254 know what, hospitals are bloody awful,</p> <p>1255 the food is just ew disgusting and I</p> <p>1256 don't wanna be here'. Sometimes I will</p> <p>1257 just respond with like 'I hear you' (yeh),</p> <p>1258 like 'I hear that' (yeh). Like, I realise that</p> <p>1259 that's not great. And I think I wouldn't, I</p> <p>1260 wouldn't say 'I'm listening to you' (yeh),</p> <p>1261 I would say 'I hear you'.</p> <p>1262</p> <p>1263 I: Well 'cause that means you've</p> <p>1264 listened and understood doesn't it?</p> <p>1265</p> <p>1266 P: Yeh. It's sort of like 'I've put this into</p> <p>1267 the framework of my life experience</p> <p>1268 and I've registered the fact that the</p> <p>1269 situation you're in sucks. You know</p> <p>1270 you're saying it sucks and actually I</p> <p>1271 hear you in that. I hear what you're</p> <p>1272 saying, I hear that you're struggling'.</p> <p>1273 (mm).</p> <p>1274</p> <p>1275 I: I suppose what I'm particularly</p> <p>1276 interested in, is how it feels to be</p> <p>1277 listened to, and perhaps the person</p>	<p>Listening as a passive act and hearing as an active act</p> <p>Does hearing involve listening and registering? Is registering the active part?</p> <p></p> <p></p> <p></p> <p>Interrelatedness of listening and understanding as creating the value for the client</p> <p></p> <p>Being heard, the experience C values having with T2, is being listened to by therapist and therapist positioning what she hears in the framework of her own experience.</p> <p>Registering seems to mean not accepting as truth but accepting how the client experiences and describes what they have experienced</p> <p>"I hear you're struggling" – acceptance of how the experience feels</p> <p>By 'registered' does C mean accepted?. When she wants the therapist to register what she is saying, does she mean she wants the therapist to understand and <i>accept</i> her telling of her</p>
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Conceptual - focused on engaging at a more interrogative and conceptual level

<p>Listening for and recognising the emotion in client's experience</p> <p>Therapist use of own experience in understanding emotional experience of client</p>	<p>1278</p> <p>1279</p> <p>1280</p> <p>1281</p> <p>1282</p> <p>1283</p> <p>1284</p> <p>1285</p> <p>1286</p> <p>1287</p> <p>1288</p> <p>1289</p> <p>1290</p> <p>1291</p> <p>1292</p> <p>1293</p> <p>1294</p> <p>1295</p> <p>1296</p> <p>1297</p> <p>1298</p> <p>1299</p> <p>1300</p> <p>1301</p> <p>1302</p> <p>1303</p> <p>1304</p> <p>1305</p> <p>1306</p> <p>1307</p> <p>1308</p> <p>1309</p>	<p>doesn't fully understand, but they're still listening to you in a very available way. I guess... I'm trying to think (mm), I'm trying to really clarify in my mind, um, what it is that I'm pursuing.</p> <p>P: I think if I, maybe if I give a kind of, a sideways example (mm, mm). So as I said I'm training as a medic and I had an experience quite a few months ago as happens often in hospitals all across the country (mm), where I was speaking to a young gentleman who'd come in with alcohol abuse, who was absolutely you know distraught (mm). And had the full works, the tremor and the blurred vision and was just essentially withdrawing from alcohol (mm). It's really common, it happens all over the country. Um, and I remember sitting there being very aware as quite a junior medic that actually, I have very little life experience that fits in with this person (mm). You know, I am lucky enough in my life that I haven't slept on the streets, I haven't taken drugs, I haven't ever actually gotten drunk from alcohol. I haven't had this experience of a rough time (mm). I've had my own rough times (mm), I have been in dark places, but that experience is very far removed from my life. But I still feel like</p>	<p>experience?</p> <p>C talks here about how she listens in her work. She finds it easier to talk about the experience of listening than being listened to</p> <p>Listening as a way of understanding how an experience feels for the other person without actually having the same experience oneself. Understanding the impact of an experience by recalling experiences of one's own that might bring about the same feelings</p> <p>Using own experience so as to understand the client's experience as far as possible? Using it so as to understand the client's experience in relation to one's own life</p> <p>Linking the person's story with one's own internal world. Is C letting it be 'registered'. Is she letting it be part of her own 'conscious framework'.</p>
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Being listened to and understanding of client's emotions	1310 1311 1312 1313 1314 1315 1316 1317 1318 1319 1320 1321 1322 1323 1324 1325 1326 1327 1328 1329 1330 1331 1332 1333 1334 1335 1336 1337 1338 1339 1340 1341	I can still hear that person, and that pain. I: Mm, I was wondering then, if you're listening to him, you're hearing him P: Mm. And I think it's (yeh), sometimes when I'm working on the wards or particularly on A&E this happens, when someone comes in having attempted suicide (mm) or really for whatever reason in a really dark place (mm), you know chronic illness or whatever. There are so many times where that happens. And they will say 'what do you know? What do you care? Who are you to tell me how to feel?' (mm). You know? And I've had a lot of patients say, you know, 'Have you ever been here? You don't know what you're talking about. You don't know'. And I have a fairly standard response, which is 'I know what it's like to be in a hard place' (mm). 'That's what I do know. And I'm not saying that I've been suicidal'. I have been, but I'm not saying that (mm). I'm not in a way putting my baggage into the situation. 'But I'm saying I know what it's like to struggle' (mm). I think everybody does. I think everybody has that kinship, of knowing at some point in their life, whether it's	Understanding of the experience of distress whatever the cause Listening to understand the underlying feelings
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Importance of therapist internalizing client's experience	<p>1342 when they were six and they fell off the 1343 swing or when they were diagnosed 1344 with cancer, you know, everybody has 1345 a time when they have struggled (mm). 1346 And it's about tapping into that time, 1347 and being able to sit with someone in 1348 their distress, with an understanding of 1349 what it is to be distressed, however 1350 different that experience might be (mm, 1351 mm). And I suppose in a way, in some 1352 kind of, I don't know what it is but in a 1353 therapeutic environment, that's what I 1354 imagine the therapist opposite me to be 1355 doing (mm). To take their life 1356 experience, and take what I say, and 1357 blend them. Not necessarily to have 1358 had my life experience (mm) because, I 1359 know a lot of people have been carers 1360 but you put the whole life together and 1361 no one has had my life (mm). But to be 1362 able to say 'it sounds like you were 1363 really angry about this' or 'it sounds like 1364 that was really hard', and for them to 1365 actually understand what 'really hard' 1366 is, or 'really angry' is (mm, mm). To 1367 understand what that emotion looks 1368 like. 1369 1370 I: So for you the being listened to, or 1371 being heard, I'm not sure which one 1372 we're using, is very tied up with the idea 1373 of being understood. Whether it's</p>	<p>C imagines therapist blends client's experience with her own Is this the act of 'registering'? Therapist's use of own experience to understand that of client</p> <p>C frequently uses therapy dialogue to illustrate her thoughts. Is this her way of making sure I listen? It draws my attention</p>
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Being listened to and having emotional experience understood	1374	understood by somebody who's-	
	1375	whether it's being fully understood	
	1376	(mm) or whether it's being understood	
	1377	by somebody who has or hasn't had a	
	1378	similar experience, that's not important.	
	1379	But it's, there's something about	
	1380	understanding in that mix isn't there?	
	1381		
	1382	P: Yeh, the validation. The	
	1383	understanding, the validation. The	
	1384	saying that 'I haven't had your life, and I	
	1385	can't claim to understand your	
	1386	experiences, but I can understand the	
	1387	emotion behind them'.	
	1388		
	1389	I: Mm, okay, yeh.	
	1390		
	1391	P: And I think a lot of what, at least the	
	1392	therapist that I've seen for a while now	
	1393	has done is be able to step back and	
	1394	highlight the emotion behind situations	
	1395	(mm). Not necessarily focus on 'and	
	1396	what day of the week was that? And	
	1397	when did this happen? And what was	
	1398	the weather?' (mm), none of that	
	1399	mattered. What matters is the emotion	
	1400	around it (yeh). And so in listening,	
	1401	they're listening more to the sense and	
	1402	more to the emotion, and trying to... I	
	1403	suppose trying to, the analogy I'm	
	1404	thinking of is music, but trying to tone	
	1405	in, and find the tone (mm) of my	

Validation given by being listened to

C phrases this sentence as if being understood and validated are the same

C seems to be referring to an acknowledgement of *how* she is or has experienced what she is talking about, of the way in which she has felt it

Value of therapist understanding the emotional aspect of client's experience

T2 highlights the 'emotion behind situations'

Emotion being the important factor

Valuable therapy is about listening to the emotion

Analogy with listening to music – notes, tones and chords

Listening to client speak as if listening to music

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Therapist understanding client through own experience	1406 1407 1408 1409 1410 1411 1412 1413 1414 1415 1416 1417 1418 1419 1420 1421 1422 1423 1424 1425 1426 1427 1428 1429 1430 1431 1432 1433 1434 1435 1436 1437	<p>emotion and what I'm saying. And in a sense sort of, like an ear test. You know, you play a note and find the same note (yeh), sort of like that. Of going through their emotional experiences saying 'okay that sounds like an angry tone, that sounds like a bitter tone, that sounds like a dark tone' (mm, mm). There's something underneath that that has something extra, there's a chord there that is different, what is it? (mm), and unpicking that. Finding each note (mm, mm) in that chord (mm). And, I suppose as humans we're incredibly complex, finding the notes is almost impossible between us because actually (mm) there are millions of emotions and senses and feelings and perceptions, but it's about finding that level with the other person.</p> <p>I: Mm, so by listening, the person is looking for the notes with you (yeh), so whether they're complete chords found is maybe not as important as looking for the notes within the chords, with you.</p> <p>P: Yeh, and looking for the undertone (mm, mm). Looking for what's not being said (mm). What's not necessarily prominent in that chord but is still there</p>	<p>Listening to the tone of the client's words: 'an ear test' C referring to the experience of being listened to as helpful when the therapist listens to the tone of what she is saying and tunes into the emotion involved rather than the facts and details Finding the same note. C seems to be referring here to the process she has described of the therapist using their own experience, perhaps more specifically their own emotional experience, to get the closest sense and understanding of the client's experience Listening as exploratory with therapist testing and examining their own understanding of the client</p> <p>Finding that level with the other person. Again, C seems to be referring to the therapist finding the place of overlap between the therapist's and client's experience as a way of understanding the client and sharing the experience. When this occurs, it seems for C this is when the therapist 'registers' her described experience</p> <p>Listening for what is not being said Listening for what is not so obvious, what is more subtle</p>
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1438	(yeh), and unpicking that (mm). Just	
1439	like, you know, a famous orchestra	
1440	player would probably be able to do	
1441	(mm, yeh) with a musical piece.	
1442		
1443	I: Interesting analogy	
1444		
1445	P: I think it's just the analogy that	
1446	springs to mind.	
1447		
1448	I: Yeh, no, that really works, yeh.	
1449		
1450	P: Actually, and language is music	
1451	(mm). We use tone, we use, I suppose	
1452	our voices carry music (mm). You know	
1453	we have a very musical language. You	
1454	could have a conversation entirely	
1455	without words, just in tone.	
1556		
1557	I: Mm, it expresses a lot, doesn't it,	
1558	tone?	
1559		
1560	P: Yeh (mm), and I think it's about	
1561	finding that tone.	
1562		
1563	I: Yeh, so can I ask you then, because	
1564	this is one of my questions, I'm thinking	
1565	it's sort of linked. Um, is, I'm wondering	
1566	if there are times, so say what you think	
1567	about the therapist you're with now. Are	
1568	there times within a session or between	
1569	different sessions, um, where the	

Conversation/ language is musical and can be listened to without hearing the words

What is it exactly that is being listened to by the therapist?
What does the client want the therapist to hear?

Task of therapy is to find the tone

C wants therapist to listen for the tone of what she says. She may also be listening herself to the tone of her own words, language, content of speech

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<p>Importance of therapist 'processing' what they have listened to</p> <p>Therapist locating understanding of client within framework of own sense-making</p>	<p>1570 1571 1572 1573 1574 1575 1576 1577 1578 1579 1580 1581 1582 1583 1584 1585 1586 1587 1588 1589 1590 1591 1592 1593 1594 1595 1596 1597 1598 1599 1600 1601</p>	<p>experience of being listened to is quite different?</p> <p>P: Mm *laughs*, I haven't actually told my therapist this but I often joke to my other half about this *laughs*, and then my other half keeps saying 'you ought to probably tell your therapist this', but I still haven't gotten around to it in a year and a half. I, um, I have a joke that it's one session that's good and one session that's bad (oh). And, it's an on week and an off week. And it's almost this, it's this incredible pattern all the way through, that there's one week that I leave and I'm just like 'that was really annoying, we didn't get anything done, I didn't feel like I was really being heard'. And ah I don't know what it is (mm) but that was annoying. And then the next week it will be really good (mm). And, I think it's, I think this is quite entertaining but I think it's actually when the therapist has done some processing in the meantime (mm) and actually processed what's been said over two weeks (uh-huh), tied it together and then sort of, has more of a framework to go with. And then sort of has worked through that framework and gets a bit stuck the next week again. And I'm completely imagining this, like I'm sure</p>	<p>Feels heard and not heard on alternate weeks Experience of being listened to varies</p> <p>Therapist needs to 'process' what C tells her How is this linked with registering and putting into a conscious framework, as referred to earlier?</p> <p>Therapist puts what she has listened to into a framework. This is a process that takes time. 'Processing'</p>
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	1602 this is, this is just fluke and it's not 1603 actually the case, but it's just this funny 1604 trend that I've just sensed in the work. 1605 Um, but actually there's an on week 1606 and an off week, and then an on week 1607 and then an off week (yeh, yeh) all the 1608 way through. Um, and I don't think it's, I 1609 don't think there's any impact of what I 1610 bring that causes that (right). Like I 1611 don't think it's me that triggers that on 1612 or off. I don't know if the fact that I'm 1613 aware of it is unconsciously (mm, mm) 1614 bringing it forward, I don't think so. I 1615 think it's the therapist needing that time 1616 to process what's been said, and take a 1617 step back from it. I dunno, maybe she 1618 has supervision every two weeks or 1619 something *laughs*. I don't know, I 1620 don't know what it is. 1621 1622 I: Is that to do with what she comes 1623 back with, what she says, rather than 1624 the experience of being listened to? So 1625 in terms of, you still have the 1626 experience of being listened to 1627 1628 P: Yeh I'm still being listened to 1629 1630 I: So are you feeling listened to in the 1631 same way every week? 1632 1633 P: No, I think that's it, I think I'm... Yeh	Therapist needs to time to process what she has listened to
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<p>Listening as first stage in sequence (processing and registering)</p> <p>Response as stage after registering</p>	<p>1634 1635 1636 1637 1638 1639 1640 1641 1642 1643 1644 1645 1646 1647 1648 1649 1650 1651 1652 1653 1654 1655 1656 1657 1658 1659 1660 1661 1662 1663 1664 1665</p>	<p>I'm listened to in the same way. I'm, technically speaking, I am listened to the same way each week (yeh) I believe (yeh). Um, but I don't know if the processing and the registering of exactly what's happening (mm)... because in a sense, I suppose what I'm saying is there are some sessions where she seems to instantly start unpicking (mm). Like, I say something and she'll just go 'it strikes me that you said that a few weeks ago, how does that fit?' (mm). And I go 'ah shit' *laughs*, and it'll end up being a really good session but she instantly is starting to unpick everything. And then there are other sessions where, it feels like she doesn't really know where to go (mm, okay), and I do a lot of talking and there isn't really much that comes out of it and it feels quite frustrating. But then often the next week she'll have taken that material (mm), maybe realized that there wasn't a lot of digging and there needs to be, and then start digging *laughs*. So it's this funny pattern of an on week and an off week, and I can't explain it in a better way than that.</p> <p>I: So, the listening is the same every week, but what she does with what she's heard, how she-how she</p>	<p>T2 listening in the same way each week but doing something different with what she hears</p> <p>Listening (taking in the words) as a stage that comes before 'processing' and 'registering'</p> <p>C talks of the processing and registering as stages that do not always happen immediately after the listening</p> <p>How T2 responds to what she has heard varies</p> <p>'digging'. C seems to refer here to how the therapist examines what she has said and seeks out further information from C by asking questions</p>
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1666	interprets and understands it, and what	
1667	she picks up on...	
1668		
1669	P: How she processes it. Yeh, yeh,	How T2 processes what she has listened to from C changes
1670	there are times when she needs to take	
1671	that back step (mm) and have a think	Use of term 'step back' or 'back step'
1672	about how it relates to the bigger	C uses this to refer to what both therapist and client do at times
1673	picture, completely understandably, but	Step back and reflect similar?
1674	it seems to be that there are weeks	
1675	when she's absolutely on it, and she	
1676	pins me down with it *laughs* and says	
1677	'no, you're not getting away with this	
1678	bullshit, we're dealing'. And then there	
1679	are weeks when she'll say 'oh	
1680	whatever', and it's just a really funny	How T2 responds to what C says changes
1681	thing.	
1682		
1683	I: Um, that's interesting.	
1684		
1685	P: Yeh, it is really interesting, that there	
1686	are on weeks and off weeks (mm).	
1687		
1688	I: Yeh, very interesting! We'll have to	
1689	talk about that more later *laughs*. Um,	
1690	right, I'm trying to think whether I'm on	
1691	track. Um...	
1692		
1693	P: I know I'm jumping around, so.	
1694		
1695	I: Honestly it's the best way, to let it	
1696	tumble out. I think it's the best, honestly	
1697	(okay). And I think neither of us ought	

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1698	to try and make sense of it really. It's	
1699	exploratory.	
1700		
1701	P: I think the thing that might be	
1702	pertinent to say (mm), is that I know	
1703	some of the back story of this therapist	
1704	(mm), and I came across this ...	
1705		
1706	I: Something about her life you mean?	
1707		
1708	P: Mm, and it changed actually the way	
1709	we were interacting (mm), which is	
1710	quite interesting. It was, so it was a long	
1711	time, maybe a year of the therapy time	
1712	where I didn't know anything about her	
1713	at all (mm), and then I ended up	
1714	working quite a lot in welfare, in medic	
1715	welfare (mm). There was a massively	
1716	high suicide rate and drug rate, and you	
1717	know, medics are screwed up and 'the	
1718	wounded healer' and you could write	
1719	theses about that *laughs*. Um, but	
1720	anyways, I worked quite a lot in welfare,	
1721	and long story short, I bumped into my	
1722	therapist in a panel meeting on welfare	
1723	with a whole load of other staff	
1724	members, completely, you know,	
1725	outside of the therapeutic environment	
1726	(yeh) and I had to present a whole	
1727	argument for funding. And it was all you	
1728	know very awkward, and then we	
1729	ended up doing that several times since	
		<p>Discovering information re T2's personal life changed the experience of being listened to</p> <p>Reduced anxiety re being listened to by T2 once she knew T2 had similar interests in the role of carers</p> <p>Reduced transference</p>

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1730	in various meetings, not more recently	
1731	because I stepped down from it (mm),	
1732	but for quite a while. And, it was quite	
1733	funny because there was just this, this	
1734	sudden awareness of 'okay this person	
1735	has some kind of mutual interest in	
1736	what I'm doing'. And at some point in	
1737	one of these meetings she mentioned	
1738	her research, you know 'my research,	
1739	da-da-da...' (mm). So at the next	
1740	session I said 'you mentioned your	
1741	research, what is it you're doing?'. And	
1742	of course she got very awkward and	
1743	very flustered and didn't really want to go	
1744	there at all *laughs*. It was really funny.	
1745	She was trying to deflect in all the	
1746	different ways she knew how to, and it	
1747	didn't work, um, and anyway she said	
1748	that she was researching welfare in	
1749	healthcare basically (mm). So then I	
1750	ended up googling, because I'm one of	
1751	those people that googles every	
1752	medical condition I find, I google	
1753	everything. Um, I've googled first dates,	
1754	that's definitely something to do. Um	
1755	*laughs*, always google before you	
1756	meet someone. So anyway I googled	
1757	her, and I found out that she was a	
1758	nurse before quitting that to work in	
1759	psychodynamic (mm), and um, so in a	
1760	sense I suddenly had this moment	
1761	where I thought 'she gets what I'm	

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Impact of anonymous therapist: anxiety	1762 1763 1764 1765 1766 1767 1768 1769 1770 1771 1772 1773 1774 1775 1776 1777 1778 1779 1780 1781 1782 1783 1784 1785 1786 1787 1788 1789 1790 1791 1792 1793	doing' (mm). And I knew that she had before, like I had the sense, I always had the sense that she understood a lot of what I was saying (yeh), and she sort of got that life experience better than people I'd seen before, and you know friends and colleagues (mm), and lots of people who I've spoken to about this experience, um, but I just had the sense that she got it, not just in the way that, I suppose in the way that she was listening to me (mm). In the way that she was listening to indicate that she heard and kind of registered from her life experience somehow, the tonality of that experience (mm). I think it's very difficult to understand if you're not embedded in that kind of environment. I suppose it's very difficult to understand what a bit of back pain is if you don't have any. You know that suddenly putting your socks on becomes impossible (mm), and painful. You can't, if you drop something you can't pick it up. You are impaired in every aspect of your life by a little bit of back pain (mm). And it's that awareness that something that seems small to the rest of the world can actually be massive, really life-shakingly massive (mm), and I got the sense that she heard that (mm), when I said it earlier (yeh). And	<p>T2 understood C's experience because of her own research and life experience</p> <p>How did C's experience of being listened to by T2 change once she had knowledge of her personal and work life? She seemed to develop confidence in T2's ability to understand her experience</p>
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Value of challenge	<p>1794 then I found out that she had been a 1795 nurse (yeh), it kind of made sense. It 1796 suddenly went 'ah that's why she gets 1797 it, that's why she gets it'. She knows 1798 what a carer is and what a carer does 1799 (mm). She gets it. And I think that was 1800 also a bit of a turning point where I, I 1801 dropped all the walls (ah). Not 1802 consciously, and I think I already, like 1803 we were getting there anyway. You 1804 know, it would have happened, but I 1805 suddenly had this moment where I went 1806 'yep she gets it'. I don't need to sit there 1807 and explain the impact of a little bit of 1808 back pain. I can just say 'it sucked, they 1809 had a little bit of back pain', and she'll 1810 just say 'okay, I know what that means' 1811 (mm). And I think over time as well, 1812 we've developed this funny kind of 1813 relationship where there are kind of wry 1814 little smiles, or not jokes exactly but 1815 like, these moments where we just sort 1816 of sit and have a smile at each other 1817 (mm), just like a little moment that to 1818 me means the world, it means a lot 1819 (yeh, yeh). And actually, this was also 1820 again before knowing anything about 1821 her, this was from quite early on, there 1822 would just be these moments where, if 1823 there had been quite a long silence or 1824 something really difficult that had come 1825 out, and I would kind of be like 'ugh',</p>	<p>C spoke for a long time here with less pause for reflection than the rest of the interview so far. It seems that once she discovered T2 had been a nurse/carers, the question of whether T2 was listening and understanding fell away and C's self-observations and self-questioning lessened at the same time. Once C considered T2 to have understanding due to her life experience, C reflected less on her own articulations.</p> <p>The challenge of being listened to and the uncertainty of whether it is done genuinely by the therapist might be a helpful factor, in that it triggers anxiety that leads to self-observation and reflection. It encourages the client to wonder whether their internal dialogue, their internal understandings/ explanations/ justifications/ defences are truthful. This may be a painful process but can bring about positive therapeutic change</p>
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Being listened to and recognition of client's emotions	1826	and she would register (mm) my	T2 would register C's emotional cues
	1827	emotional cues in a way.	
	1828		
	1829	I: Yeh, acknowledge it.	
	1830		
	1831	P: And acknowledge it, in her own way,	
	1832	you know not necessarily perfectly, but	
Responding as part of sequence begun when listened to	1833	it would be heard. And she would make	T2 would hear C's emotions and demonstrate to her that she had heard her emotions
	1834	it evident that it was heard (mm, yeh).	Implies T2 demonstrated having heard C's emotions intentionally.
	1835	And then when the kind of life history	T2 would let C know that she had listened, processed and registered how C's experience felt?
	1836	factor added in and we both realized	
	1837	that we had this mutual interest in the	
	1838	wellbeing of other medics and we were	
	1839	both working on that and we had that	
	1840	kinship, you know, it gave that extra- I	
	1841	mean it was awkward as hell *laughs*	
	1842	for quite a while, that was really bloody	
	1843	awkward. But then it gave that extra	
	1844	layer to the work that we were doing	
	1845	(mm), because there was that	
	1846	awareness that, I suppose in a sense	
	1847	'yeh she's definitely heard it, she knows	C felt T2 had 'definitely heard it'
	1848	it, I don't need to yell it from the	
	1849	rooftops' (mm), like I felt like I needed	
	1850	to in that very first therapy experience	
	1851	when I was young (yeh), where literally	
	1852	this woman just didn't seem to get it	
	1853	and I didn't know what else I was meant	
	1854	to do. You know do I pop down and	
Being listened to and recognising and understanding emotion	1855	scream? That wasn't very effective but	C's language here demonstrates the strong desire to be heard and the frustration that she wasn't
	1856	you know you just wanted to shake	
	1857	someone and say 'hear it, just hear it!'	

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<p>Stage in sequence when trust has developed and client can reflect and speak more</p> <p>Listening and speaking: necessity of the dyadic exchange (interrelatedness)</p>	<p>1858 and they wouldn't and maybe it's that 1859 tonality of experience, that being able to 1860 pick up on a tone (mm), that's not the 1861 same experience but reflects it (mm), 1862 that sits in that same level of emotion. 1863 Um, but no that also changed the 1864 relationship, it made it much more 1865 settled and comforted, and I think 1866 responsive is the word. It became much 1867 more responsive. 1868 1869 I: As in she did? 1870 1871 P: Yeh well, we both did in a way. 1872 1873 I: Mm okay, yeh. 1874 1875 P: We had a sense in a way that the 1876 other was feeling (mm) was feeling in 1877 that engagement, so whilst I still tried to 1878 avoid the whole looking at the face 1879 thing, as I joked earlier, there are 1880 moments that are much more 1881 emotionally present (mm), because 1882 we're willing to be more emotional with 1883 each other, in a way. Um, yeh. 1884 1885 I: It sounds like a good relationship. Or 1886 does it? You're not meant to say that. 1887 1888 P: Oh she can be bloody annoying as 1889 well *laughs*.</p>	<p>Being able to recognise the emotion involved Client's judgement regarding the ability of the therapist to listen in a way that will lead to them understanding how they feel</p> <p>Change in the relationship with T2 when she found out about T2's similar interests. Relationship became more 'settled', 'comfortable' and 'responsive'</p> <p>C and T2 both became more willing to be emotional with each other C seems to appreciate T2 allowing herself to be more emotional. C can be emotional if T2 is also willing to be emotional. How is this linked to listening? C's trust in T2's ability to understand the emotions that C felt in relation to her experiences increased. C felt T2 was able to listen for the emotions</p>
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Aim of understanding rather than judging	1890		
	1891	I: Okay, so let me think. Let me just	
	1892	pause and make sure I keep us on	
	1893	track.	
	1894		
	1895	P: Sure.	
	1896		
	1897	I: Um... yeh I think three more	
	1898	questions. The first, how would you	
	1899	compare the experience of being	
	1900	listened to in therapy to the experience	
	1901	of being listened to by others	
	1902	elsewhere? What do you think is	
	1903	particular about the experience of being	
	1904	listened to with the woman you're	
	1905	seeing now?	
	1906		
	1907	P: I think it's the sense that, hm, okay...	
	1908	I think firstly there's a sense that	
	1909	judgement has been put on hold when	
	1910	you're with a therapist (mm), that what	
	1911	you say won't have the ripples of	
	1912	repercussions through any other aspect	
	1913	of your environment or your life. That	
	1914	actually, whether or not they judge what	
	1915	you're saying, the neutrality means that	
	1916	it won't come across in the same way,	
	1917	and that whatever judgement is there,	
	1918	is intended to be constructive (mm). So	
	1919	the question of 'why did you do that?'	
	1920	won't be a judgemental one, it'll be one	
	1921	that seeks to dig into an understanding,	
			<p>Being listened to in therapy is without judgement (as C feels T2 does) in a way that doesn't happen in ordinary conversation Judgement is suspended. This implies C feels judgement is there in conversations that are not with her therapist</p> <p>No impact of speaking in therapy on the rest of one's life Being listened to by therapist allows the freedom to speak without concern about the impact of speaking</p> <p>Judgement by the listening therapist is intended to be constructive</p> <p>Listening therapist aims to understand rather than to judge</p>

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Freedom from social norms of everyday conversation	1922 assuming the best of someone, 1923 assuming that their actions are, for 1924 whatever reason, within the framework 1925 of their lives, and fit in in this bigger 1926 picture. Um, I think also that, yeh you 1927 don't have to engage in the same social 1928 interaction that you would elsewhere 1929 (yeh), so it won't be a kind of context of 1930 a nice chat (mm), it won't be that kind of 1931 social awareness that you have to hold 1932 (mm, yeh). It is a <i>tabula rasa</i> . It's kind 1933 of a blank slate that you put a 1934 framework into, um... I suppose there's 1935 also, it sounds a bit bad in a way, but 1936 actually that in other conversations 1937 where I've said that 'oh I was a young 1938 carer', I'm very open about that 1939 because I feel that there's so little 1940 understanding amongst medical 1941 professionals, and it's desperately 1942 needed, that you ask the carer how 1943 they're doing too, that there's support 1944 out there, that there's financial aid out 1945 there. You know all these networks that 1946 are in place to help, and often people 1947 fall through the cracks, and I suppose I 1948 try to be quite vocal about it, to try and 1949 raise awareness of it, and I'm aware of 1950 doing that ... I think there's always a 1951 response of, I dunno, people look at 1952 you differently afterwards. There's a 1953 sort of sense that you have been	<p>Being listened to by therapist excludes the demands that are implicit when being listened to in other types of conversations</p> <p>Freedom from concern about social norms, convention in conversations and the demands of the listener in everyday life</p>
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<p>Lack of judgement or assumption – builds trust</p> <p>Being listened to and acceptance of client's experience</p>	<p>1954</p> <p>1955</p> <p>1956</p> <p>1957</p> <p>1958</p> <p>1959</p> <p>1960</p> <p>1961</p> <p>1962</p> <p>1963</p> <p>1964</p> <p>1965</p> <p>1966</p> <p>1967</p> <p>1968</p> <p>1969</p> <p>1970</p> <p>1971</p> <p>1972</p> <p>1973</p> <p>1974</p> <p>1975</p> <p>1976</p> <p>1977</p> <p>1978</p> <p>1979</p> <p>1980</p> <p>1981</p> <p>1982</p> <p>1983</p> <p>1984</p> <p>1985</p>	<p>weighed and you have been measured and you have been found wanting to take the quote, that actually what you said has been read... you know, I've had so many people pity my life experience (mm), say 'oh I'm sorry, that must have been hard' and you know that's lovely, but then they'll go 'how did you end up becoming a medic then? How did you get A levels?'. I've had people say earlier on in my life 'you'd make a really good secretary, you're really organised'. And you know, no problem with that but you're making all these assumptions about who I am and what I want to do with the next years of my life, and I'm not gonna fit that pattern, so don't assume. And I think in therapy, there's kind of a forced lack of assumption (mm), so the therapist at least from my experience, well this therapist, the previous one not, but this one will say 'well it seems like this' or 'maybe I'm wrong but...' this that and the other (mm). And there's always the understanding that you are the expert of your life (mm), and that 'yes I hear you, yes I register what you're saying, but that is through my eyes, and you are the only person that knows your life'.</p>	<p>When being listened to in contexts outside of therapy, C finds judgements of others difficult</p> <p>C is free from these judgements when she is listened to by T2</p> <p>Lack of assumption by listening therapist (as with T2) valuable</p> <p>Being listened to alongside acknowledgement by therapist that she may not be able to understand exactly what is experienced by client</p> <p>Listening therapist respects C as the expert on her own experience</p>
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Value of therapist's different perspective	1986	I: Mm, so she tests it out with you, what	
	1087	she's heard?	
Double hermeneutic in therapeutic process	1988		<p>Being listened to gives the therapist a view through the client's words</p> <p>The view given is only a fraction of the client's life</p> <p>Therapist interprets what they hear through their own experience</p> <p>Double hermeneutic involved in the listening process in therapy</p> <p>Interpretative process of being listened to in therapy</p>
	1989	P: Yeh, in a way (mm). Like I know that	
	1990	she will get the wrong end of the stick	
	1991	every so often and I will make it very	
	1992	clear that she's got the wrong end of	
	1993	the stick *laughs*, and then you know	
	1994	we have a laugh about it and it's all	
	1995	fine. But like, I think there's a degree of	
	1996	appreciation that... again the analogy	
	1997	that's coming to mind is really quite	
	1998	weird, but sort of as a therapist you're	
	1999	sort of the anthropologist (mm) of	
	2000	someone else's tribe, of someone	
	2001	else's life, of someone else's space	
	2002	(mm). And you are being given room to	
	2003	observe a fraction of that person's life	
	2004	(mm, mm) and you are viewing it	
	2005	through their words, and then you are	
	2006	interpreting it through your experiences	
	2007	(mm, mm). And I think that's part of,	
	2008	maybe that's part of the training, I think	
	2009	that's a very psychodynamic framework	
	2010	as well, and quite person-centered, and	
	2011	I think that style of therapy. Um, but	
	2012	actually there's this awareness that I,	
	2013	that as a therapist you cannot judge my	
	2014	experience, but beyond judging there's	
	2015	awareness that I'm looking at this	
	2016	through my eyes, through someone	
	2017	else's words (mm), that are insufficient	
			Being listened to by therapist cannot fully impart the client's

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Value of 'foreigner's' perspective	2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044	to explain this experience (mm). That what is happening here in this space is insufficient to characterize the whole universe of that person. I: So what is it then that's valuable, if at all, about being listened to? P: That, that universe gets aired (mm), and seen (mm). You know why is it valuable to have a western anthropologist pitch up in Papua New Guinea and study it? Because that's a foreigner's viewpoint on a different environment that you are never gonna be able to capture because you're too far away (mm). But there's still a massive value in that (mm), there's still a value in being able to step back from something and look at it in different ways (mm). But always holding that appreciation that you don't have the right answer. I dunno, I'm not phrasing this very well, but I think...	<p>experience to the therapist C acknowledges this throughout the interview but does not describe it as a problem</p> <p>If being listened to does not fully impart the client's experience, what is the aim of speaking? How valuable is it to the client to be partially understood?</p> <p>Therapist as a 'foreigner' who brings a new and valuable perspective through her listening</p>
Value of different perspective	2045 2046 2047 2048 2049	I: No, it's good. P: I think what I'm trying to say, fundamentally is that there is value in stepping back from your life (mm), and taking a look, however gently, however harshly, in the way that you have	<p>Being listened to by therapist that has a different life experience and therefore a different perspective</p> <p>Is C saying here that by the therapist having had a different life experience and therefore having to struggle to understand prompts C also to struggle to understand herself. She has to 'step back' and 'take a look' at herself and how she interacts with other people and the world, so as to explain herself to the</p>

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The difficulty of being listened to	2050	engaged with the world; your	therapist
	2051	relationships, your spaces, your work,	'bloody hard', 'often very dark', 'very heavy', 'very challenging',
	2052	your purpose (mm), and that's bloody	'uncomfortable', 'you don't want to do it'
	2053	hard, and that's often very dark and	Being listened to by her therapist means C has to step back and
Appreciation despite difficulty	2054	very heavy and very challenging and	examine herself and how she is, so she could speak to the
	2055	uncomfortable, and you don't want to	listening therapist. She uses adjectives (above) that illustrate
	2056	do it, you'd rather eat muffins and sit in	how difficult it can be to do this.
	2057	the dark watching Disney *laughs*. But	Appreciation, at the same time, of how 'valuable' the process is
	2058	there's this- there's something very	
Seeing one's life through the lense of someone else's eyes	2059	valuable in that, and the only way you	
	2060	can truly do that, you know going back	
	2061	to the sitting in a chair in a room on	Being listened to by therapist is like reflecting through the eyes
	2062	your own for 50 minutes, you don't	of someone else
	2063	unpick yourself because you don't have	C suggests it is necessary to reflect through the eyes of
	2064	a way to reflect through the eyes of	someone else
	2065	someone else (mm, yeh). And even if	
	2066	the therapist, the other person doesn't	
	2067	directly place their life experience at	
	2068	your door, you know they don't say 'well	Awareness that there will be contrast between her own
	2069	actually from my experience it's like	experience and T2's means that C knows T2 will interpret C's
	2070	this', you know they don't do that but	experience in a different way and be able to use this to
	2071	there's a sense that they will challenge	challenge
	2072	in reflection (mm). And they will reflect	This awareness prompts C to wonder about other perspectives
	2073	in a way that maybe your eyes are	than her own, how she and her life might be seen in different
	2074	unable to, your mind hasn't quite seen,	ways. This prompts her to observe herself and reflect on how
	2075	because your life experience is simply	she makes sense of herself and how she interacts with the world
	2076	different (mm). And it would be lovely if	
Qualities involved when listening in a helpful way	2077	the world was full of people who would	Qualities of listening in therapy – reflecting in a open way, not
	2078	be willing to reflect in that open way,	judging and criticizing, challenging in an appropriate way – not
	2079	and not judge and not criticize, but	found in other contexts
	2080	challenge in a way that's appropriate to	
	2081	that situation and that environment and	

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Being listened to as a challenge to denial	2082	that person, but that's not the way it	Comfort of ignoring
	2083	works (mm). And sometimes it's more	C (line 2055) 'would rather eat muffins and sit in the dark watching Disney'
	2084	comfortable to be a bit blind, you know	
	2085	most of my patients who are overweight	
	2086	and smoke 30 a day, they don't wanna	
	2087	know. I could tell them 104 times that	
	2088	that's really not very good for you and	
	2089	you probably ought to look at it and it	
Being listened to as part of a process	2090	would be cheaper to not smoke, and	Being listened to as a 'process', in which the client <i>has to</i> sit and unpick herself
	2091	you know there are all these benefits	<i>has to</i> implies force as earlier (lines 794, 815, 891) and later (line 2134). Entering into therapy involves the decision to place oneself in the presence of someone who is listening and as a result forces one to reflect and speak
Being listened to as examining and revealing one's self over time	2092	(mm), but that's their choice and I think	By being listened to, client is 'forced to think about' how she sounds and 'how she is presenting' her experience
	2093	involuntarily entering a process where	Use of word 'force' implies C feels she gets cornered into having to do something she doesn't want to do. Therapy as a way of cornering oneself into having to reflect and speak. This is where the ambivalence is
	2094	you have to sit and unpick yourself	By letting her be listened to, C is then challenged by the therapist when she responds to what she has heard
	2095	(mm) in the presence of someone else,	Being listened to in therapy results in challenge in different ways
	2096	it is only the presence of someone else	- the challenge of having to reflect on what one speaks
	2097	that allows you to do that, because you	- the challenge that the therapist might make in response to what they have listened to
Being listened to as self-imposed trap – having to reflect and speak	2098	are forced to think about how you are	The listener as a 'foreigner' or 'outsider'
	2099	sounding and how you are presenting	The value of therapist being a 'foreigner' or 'outsider' is that they are able to 'step back'. The therapist is outside the client, with a different history and from a different place.
	2100	your experience, and whether you're	
	2101	actually conveying it fully (yeh, yeh).	
	2102	But then you're also gently prodded, or	
	2103	harshly prodded depending on mood	
	2104	*laughs* by someone who says 'well	
	2105	what is it about that experience that fits	
	2106	into this tone that I'm hearing?' (mm).	
	2107	You know they see it as the foreigner,	
Listener as foreigner or outsider	2108	as the outsider (mm, mm) but that	
	2109	doesn't mean there isn't value in that,	
	2110	and I think in a way there's more value	
	2111	in that because it gives you that step	
	2112	back. Just like the anthropologist in	
	2113	Papua New Guinea they take a step	

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<p>Challenge: contrast of experience challenges client's way of thinking and perspective</p>	<p>2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145</p>	<p>back and they look at the civilization that's so totally different, with a different language and a different environment and a different way of working (mm). It doesn't mean you can't learn from that. And in a way it makes it harder, 'cause you have to reflect on how you engage and how you present yourself and how you build your relationship (mm), because at the end of the day you're repeating the creation of your relationships outside of that room (yeh), inside the room. You know you're repeating the person that you are (yeh), so then you have an outsider who won't just sit back and say 'well that person is a bit weird', but just walk on and not, not have a conversation next week, but actually will go 'hold on, you did this, is that something you do in your other relationships? How do you frame your environment?' (mm), and forces you to engage with that (mm) and hears you in it.</p> <p>I: So, I'll give you a final question, I'm not sure how you'll answer this 'cause I'm not quite sure how you'll understand it but what meaning does it have for you in your life? Being listened to in therapy?</p>	<p>The fact that the therapist has a different history to C makes it 'harder'</p> <p>C uses the word 'harder' here to mean she has to work harder in therapy, as she is being listened to by someone who has had a different experience</p> <p>Being listened to within 'relationships outside of that room', will not challenge C in the way the experience of being listened to in therapy does</p>
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Being listened to in therapy as a different way of engaging	2146	P: Hmm. It's interesting, because on	
	2147	the one hand I'm very aware that I enter	
	2148	a different space once a week (mm),	
	2149	that it's one hour of engaging with the	
	2150	world in quite a different way (mm) than	
	2151	I do anywhere else (mm). And so then,	
	2152	I suppose what I'm wondering is, is that	
	2153	a question of how I carry that forward	
	2154	into my life? That being listened to?	
	2155	(mm). Or if I reflect on therapy now is it	
	2156	something that gives me meaning	
	2157	(mm), do you know what I mean?	
Ambivalence about being in therapy	2158	They're subtly different things. Um, in a	
	2159	way I don't like the fact that I am in	
	2160	therapy, but at the same time I gain all	
	2161	the value from it (mm), and I realise	
	2162	that. So, it's quite an interesting sense.	
	2163	There's sort of a sense that I don't talk	
	2164	about it outside of that room really	
	2165	(mm), you know, that sphere is quite	
	2166	different from the rest of my life but it's	
	2167	where I unpick parts of my life that I'm	
	2168	struggling with (mm). And I mean	
	2169	honestly there's quite a lot that I find	
	2170	very difficult in life, that actually you	
	2171	know, I am put in positions of	
	2172	responsibility constantly. I watch people	
	2173	die constantly in quite traumatic ways –	
	2174	children and... I see a lot of tough stuff.	
	2175	I reflect very much on my past and I	
	2176	bring that to bear on my work. And	
	2177	while that's what makes me an	
			Being listened to in therapy a different way of engaging with world
			Ambivalence about being in therapy
			C uses the word 'unpick' frequently. Here she refers to unpicking parts of her life. Earlier in the interview, she refers to unpicking

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Being listened to as facilitating reflection	<p>2178 excellent clinician (mm), it's also what</p> <p>2179 brings a degree of vulnerability, you</p> <p>2180 know, 'the wounded healer' (yeh, yeh).</p> <p>2181 It brings that with it (mm). Um, so</p> <p>2182 asking what meaning it has in my life is</p> <p>2183 quite difficult, because I think it's</p> <p>2184 clouded by my life experience anyway.</p> <p>2185</p> <p>2186 I: I guess what part it plays, I'm trying to</p> <p>2187 think how to phrase it. What, yeh...</p> <p>2188</p> <p>2189 P: It means that...</p> <p>2190</p> <p>2191 I: Well I suppose what does it mean to</p> <p>2192 you to have that opportunity? That...</p> <p>2193</p> <p>2194 P: Yeh, um...</p> <p>2195</p> <p>2196 I: What does it- what does it give you?</p> <p>2197</p> <p>2198 P: Space (mm), space. I think my life is</p> <p>2199 very hectic (mm), and it's very easy to</p> <p>2200 get swallowed up in that bubble (yeh),</p> <p>2201 and it's very easy to get a bit lost in the</p> <p>2202 darkness of the things you see and the</p> <p>2203 things you do (mm). And it's very easy</p> <p>2204 also, for me personally, to lose</p> <p>2205 confidence in myself and in my abilities</p> <p>2206 and in my strengths, to reflect, to</p> <p>2207 maybe see my past experiences a little</p> <p>2208 bit too closely in my life (mm), and I</p> <p>2209 think what it brings me is an ability to</p>	<p>Being listened to in therapy provides 'space'</p> <p>Implies at other times, outside of therapy, she doesn't have 'space'</p> <p>Therapy provides the ability to 'step back'</p>
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Being listened to as facilitating reflection	2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229	step back. I: Yeh, you've said that a few times, mm. P: An ability to say 'actually, no I had a tough day, and I don't think it's the day necessarily that did it, I think there was something there that made me feel upset, and I didn't really register at the time, I wonder what that is'. Um, so the other day I saw a patient who just reminded me so much of my father and I didn't connect that at the time. I didn't twig that at all. And I went through the rest of my day, and had a stressful bus journey home, and I got home and I had my dinner and then I suddenly burst into tears. And I just went 'why the hell am I crying?', and I think in a way if	Being listened to provides C with time to pay attention to herself
Being listened to as developing skill of reflection	2230 2231 2232 2233	I weren't or didn't have an experience of therapy, be it present or past (mm), it would be a lot harder to step back from that emotion (mm). I don't think I would	Being listened to in therapy helps client build the skill of being able to step back from one's emotional response so as to examine and understand their own reaction
Being listened to as enabling client to feel emotion	2234 2235 2236 2237 2238 2239 2240 2241	cry, I think I would block that emotion, I'd just be like 'oh bloody busses, shit day', and I'd just completely ignore it and I would bottle it, and at some point it would do me damage (mm) which is what's happened in the past. I've bulldozed my way through (yeh), um, so I probably wouldn't cry as much if I	Being listened to in therapy helps C feel emotion

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Importance of being heard	<p>2242 weren't in therapy *laughs*, um, but</p> <p>2243 then I also wouldn't process things as</p> <p>2244 well (yeh). And I also wouldn't carry that</p> <p>2245 sense of, I suppose that awareness of</p> <p>2246 what words can do (mm). I think it's, I</p> <p>2247 suppose what I'll add is that I've very,</p> <p>2248 very briefly as part of my medical</p> <p>2249 training, trained a little bit in therapeutic</p> <p>2250 work (okay) and saw a client myself.</p> <p>2251 Just the one, in training (mm), and I</p> <p>2252 remember reflecting on that after three</p> <p>2253 months with one person and I</p> <p>2254 remember the sudden realization that I</p> <p>2255 am a therapeutic tool in myself (mm),</p> <p>2256 that my words and my behavior and the</p> <p>2257 smile that I give Mr. WhatsIt in the</p> <p>2258 morning changes that person's day</p> <p>2259 (mm). That I am not just a clinician. I</p> <p>2260 don't just interpret blood results. I also</p> <p>2261 engage with people as human beings</p> <p>2262 with emotions and fears and struggles,</p> <p>2263 and joys and happinesses and bad</p> <p>2264 days and good. And that is my job</p> <p>2265 (mm), and I don't necessarily need a lot</p> <p>2266 of medicine to make people better (mm,</p> <p>2267 mm, yeh). And I think that the phrase</p> <p>2268 that I mentioned earlier, you know 'I</p> <p>2269 hear you', which I often use with</p> <p>2270 patients (mm), I didn't use that before I</p> <p>2271 was in therapy myself (mm). But I</p> <p>2272 realized how important it is to be heard</p> <p>2273 (mm). To actually have someone just</p>	<p>Listener as a therapeutic tool. Words and behaviour of listener impact on other person</p> <p>Importance of being heard</p>
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<p>Being listened to as way of having one's emotional response to experience validated</p> <p>Impact: massive</p> <p>Transitional experience: being listened to over a period of time</p>	<p>2274 literally saying 'I hear you. I don't</p> <p>2275 necessarily understand, I don't</p> <p>2276 necessarily have the same experience</p> <p>2277 but I hear what I think you're trying to</p> <p>2278 say here. I hear the suffering in that, I</p> <p>2279 hear the joy in that. I hear you, hospital</p> <p>2280 food sucks, I hear you. It sucks, I hear</p> <p>2281 that' *laughs*. And I didn't use that</p> <p>2282 phrase before (mm). So I think it's had</p> <p>2283 a massive impact (mm), really massive</p> <p>2284 (mm, mm). And I think that first</p> <p>2285 experience of therapy took me a very</p> <p>2286 long time to get over.</p> <p>2287</p> <p>2288 I: That's a shame, yeh.</p> <p>2289</p> <p>2290 P: And that sort of sense that I was</p> <p>2291 insufficient, that it was me seeing it</p> <p>2292 wrong (mm), that life didn't suck, I was</p> <p>2293 just looking at it wrong. And I think it</p> <p>2294 took me many years to suddenly have</p> <p>2295 kind of this eureka moment of 'no</p> <p>2296 actually that just sucked' *laughs*. And</p> <p>2297 it was only when I wrote an article</p> <p>2298 about my experience as a carer-</p> <p>2299</p> <p>2300 I: Oh right, okay, uh-huh</p> <p>2301</p> <p>2302 P: Um, again to kind of to raise</p> <p>2303 awareness amongst healthcare</p> <p>2304 professionals. And it was only after that</p> <p>2305 that I sort of went 'no actually that really</p>	<p>Value of other person hearing what they think the person is trying to say, despite not necessarily being entirely accurate</p> <p>Recognising and understanding the emotion behind client's described experience is of great value</p> <p>Being listened to in therapy has had 'massive' impact H used the word 'massive'</p> <p>Time needed for the experience of being listened to by T2 to change. Expectations at the beginning required C to experience T2's way of listening for 'a very long time' before she could trust</p>
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Being listened to gives client the opportunity and ability to speak	2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316	bloody sucked, that wasn't just me perceiving it wrong, that was hard' (mm). And I let myself feel that it was hard for the first time, and it was partly being in therapy again that let me even consider writing that article (mm, okay), even consider putting my voice out there myself actually. That being heard gave me a voice as well (mm). It gave me the courage to then be vulnerable (yeh) in another space in my life (yeh)	Being heard gave C a voice Being listened to helped C feel she could speak Being heard gave C the courage to be vulnerable
Being listened to allows client to be vulnerable	2317 2318 2319	and to be bold in another space in my life. And also the courage to say 'that was just shit, actually that was just really awful, and that's fine' (mm). You know, that it let me accept (yeh) and it was being heard that started that process.	
Transitional experience: development of courage and ability to allow oneself to be vulnerable	2320 2321 2322 2323 2324 2325 2326	I: Mm. Yeh that's good. I think we should finish.	
Being listened to as part of a sequence: leads to client being able to accept	2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337	P: Fine. I feel like we could talk forever though *laughs*. Well I just really love the subject! I: So yes, um, thank you very much! P: No worries. End	Being heard as part of a process which leads to acceptance of one's experience

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Order of analysis/ transcript themes	Cassy	Sara	Grace	Heidi	Tash	Mary	Alice	Jo
Therapeutic approach	CBT/solution-focused Psychodynamic	Freudian Jungian	Psychoanalytic Integrative	Person-centred Psychodynamic	Couples Psychodynamic	Gestalt Gestalt Group	Integrative CBT CBT	Play therapy Counselling Counselling CBT DBT
Difficulty	YES	YES	YES	YES	YES	YES	YES	YES
Ambivalence	YES		YES	YES	YES	YES	YES	
Value		YES	YES	YES		YES		
Interdependency						YES		YES
Interrelatedness	YES	YES		YES		YES	YES	
Part of a sequence	YES	YES		YES			YES	YES
Beginning of a process		YES					YES	
Impact	YES			YES		YES	YES	
Therapist who listens/doesn't listen	YES	YES		YES		YES	YES	YES
Is the therapist listening?	YES		YES	YES	YES	YES	YES	YES

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Listening as representing ...	YES							YES
Exchange/ duality	YES	YES	YES		YES	YES	YES	YES
Early/ personal experience outside of therapy	YES	YES	YES	YES	YES	YES	YES	YES
Different requirements at different times		YES						YES
Being stuck	YES							
Facilitating change/transition	YES	YES	YES	YES		YES	YES	
Readiness/ timing					YES		YES	
Different listening experiences	YES	YES	YES	YES	YES	YES	YES	YES
Value of being able to talk about same issue over time								YES
No value per se					YES			
As part of information/					YES	YES		

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advice exchange								
Link with trust/ safety		YES			YES	YES		
Need for genuine care of therapist							YES	YES
Need for understanding					YES	YES		
Developing sense of being valued						YES		
Off-loading, dumping, letting off steam					YES			
Prevention of loneliness					YES			
Easing/ organising difficult emotions					YES			
Listening to oneself		YES				YES	YES	YES